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**RELIGIOUS BELIEFS AND DEVELOPMENTAL FACTORS IN THE  
PSYCHOLOGICAL WELL-BEING OF DIFFERING CHRISTIAN FAITH  
GROUPS:**

**TOWARDS A MODEL OF PSYCHO-SPIRITUAL ABUSE**

**Committee:**

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Ricardo Ainslie, Supervisor

---

Kevin Cokley

---

Christopher Ellison

---

Alissa Sherry

---

Brandon Vaughn

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by

**Daniel Garcia, B.A.; M.T.S.; M.A.**

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### **Dedication**

To the loving memory of my late grandfather, Rev. Martín Hernández.

“Yo espero mas de Daniel... Espero que va hacer mejor.” Grandpa, espero que esto sea  
“mejor.”

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Daniel Garcia, Ph.D.

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Supervisor: Ricardo Ainslie

The past two decades have seen a surge of research publications in the psychology of religion, with most studies affirming the salutary effects afforded by religious functioning. However, current mental health researchers have advocated for more nuanced examinations of religious constructs and more careful analysis of potentially harmful aspects of religiosity. Particularly absent from the psychological literature are the mental health effects religious beliefs may exert on parishioners. Researchers note that this is surprising given the general psychological tenet that beliefs are inextricably bound-up with affective states and general mental health. Responding to the admonition of researchers in the field, this study proposes and tests an initial model of psycho-spiritual abuse.

The proposed model of psycho-spiritual abuse hypothesizes that religious beliefs such as the theological doctrine of original sin, fundamentalist ideology, lack of self-

forgiveness, and negative God-representations, in addition to familial upbringing, may negatively impact an individual's view of self, thus fostering psychological distress. In particular, this study considers scrupulosity disorder, depression, and shame to be the primary psychiatric maladies engendered by psycho-spiritual abuse.

Two hundred thirty five parishioners from 18 Christian faith groups across the United States participated in an online survey consisting of standardized measures of original sin, fundamentalism, self-forgiveness, god image, perceived parental rearing, scrupulosity, depression, and shame. A canonical correlation analysis was conducted because it allows for the simultaneously testing of the relationship between the criterion variables (i.e., scrupulosity, depression, and shame) and predictor variables (i.e., original sin, religious fundamentalism, self-forgiveness, parental rearing perceived as rejecting, emotionally warm, and overprotective, as well as accepting, presence, and challenging God-representations) of interest.

Results reveal that greater degrees of belief in the theological doctrine of original sin as well as greater adherence to religious fundamentalist ideologies are directly and indirectly associated with scrupulous and depressive symptomatology as well as with shame-prone feelings and actions in unhealthy ways. Results also indicate that God-representations also play an essential role in scrupulosity, depression, and shame in hypothesized ways. Hence, such results further implicate the centrality of religious ideologies in the expression of psychopathology. Additionally, results seem to suggest that the direct familial contribution to the expression of psychopathology among parishioners appears to be weaker (i.e., secondary) than that of religious beliefs; this



statement is based on the fact that perceived parental rearing practices were secondary contributors to the synthetic variable of psycho-spiritual beliefs in both Function 1 and 2.

Finally, these results suggest that the primary mechanism through which religious beliefs as well as familial upbringing impact parishioner psychological well-being is the resulting view of the self they engender. Therefore, results suggest that the proposed model of psycho-spiritual abuse is sound.

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## CHAPTER 1

### INTRODUCTION

A review of the literature concerning religion and health, and religion and mental health over the past two decades reveals a concerted effort by researchers to primarily investigate the salutary aspects and effects of religion (see Levin, 2002; Smith, McCullough, & Poll, 2003). However, current mental health researchers have advocated for more nuanced examinations of religious constructs and analysis of potentially harmful aspects of religiosity (Bergin, 1992; Exline, 2002; Exline, Yali, and Sanderson, 2000; Harris, Erbes, Engdahl, Olson, Winskowski, and McMahonill, 2008; Smith et al., 2003; also see Pargament, 2002). Particularly absent from the psychological literature are the mental health effects religious beliefs may exert on parishioners (Flannelly, Galek, Ellison, & Koenig, 2009; Heise & Steitz, 1991; Miller & Hedges, 2008; Patrick & Kinney, 2003). As Flannelly and colleagues state: “The neglect of religious beliefs in mental health research is all the more surprising, since cognitive psychotherapists have long held the position that beliefs about the world underlie many psychiatric disorders” (p.1). In addition, social psychologists (Markus, 1977), psychoanalysts (H.B. Lewis, 1971), schema therapists (Young, 1999), existential practitioners (Spinelli, 2007), cognitive behavioral clinicians (Beck, 1967), and researchers in the field of self-forgiveness (Exline et al., 2000) have especially recognized the importance of beliefs about the self as major contributors to intrapersonal mental health. William James’ (1902/2002) qualitative investigation into people’s experience of religious phenomena provides an unsurpassed line of sight into the confluence of religious beliefs and their implicit meaning about the self. While James does not go beyond the descriptive scope

of his project, current clinical and experimental need requires us to. Therefore, this study seeks to contribute to the psychological literature in a significant way by addressing the psychological effects potentially harmful religious beliefs may have on parishioners. In so doing, this study looks to propose and test an initial model of psycho-spiritual model abuse. However, due to the scantiness, and in some cases absence, of empirical research concerning the purported relationship between predictors and outcome variables, hypotheses must be deduced from theoretical dialogues in addition to various types of research. In short, this author defines *psycho-spiritual abuse*: The misuse of ecclesial doctrine(s) via coercive or overtly forceful tactics such as fear, overly strict punishment, ridicule, perfectionism, and humiliation in order to instill in a person a sense of “right religion,” which results in a diminished sense of self, thus leading to psychiatric difficulties including, but not limited to, anxiety, depression, and shame.

The model of psycho-spiritual abuse presented in this study requires the elucidation of various types of religious beliefs and their relationship to the psychological outcomes of anxiety, particularly scrupulosity disorder, depression, and shame respectively. As aforementioned, beliefs about the self are the building blocks of psychological health. Such beliefs are fostered, in part, through: (1) early relationships with primary caregivers (i.e., parents); and (2) later interactions with authority figures and religious institutions, such as the local church (Beck, 1967; Freud, 1923); note that the phrase *authority figures* henceforth denotes religious intuitions such as the church or parish as well as clergy. Consequently, the fusion of parental and/or religious authority with demeaning messages about the self—both religious and non-religious—possess herculean potential for the formation and expression of psychopathology. For example,

Watson, Morris, and Hood (1988) state: “Writers sympathetic to the orthodox tradition *admit* [italics added] that sin-related beliefs can lead to pathology, particularly when the emphasis is on emotional guilt and *personal worthlessness* [italics added] aspects of confessing sin” (pp. 349-350). Indeed, it may be that diminished feelings about oneself are engendered or reinforced by particular doctrinal teachings such as the theological doctrine of original sin. However, they may also be mitigated by the psychological benefits inherent in many social groups, such as churches, via social support (Ellison, Boardman, Williams, & Jackson, 2001; Ellison, Finch, Ryan, & Salinas, 2009; Ellison & Levin, 1998; George, Ellison, & Larson, 2002; Vandervoort, 1999) thereby making detection of psycho-spiritual abuse difficult. However, research suggests that there may be one religious group in which the harmful effects of self-deprecating messages may be more salient and therefore more conducive to quantitative examination—Fundamentalist Christians (see Spring, Moosbrugger, Zwingmann, & Frank, 1993). The denotation “fundamentalist Christians” throughout this dissertation refers to Catholic, Protestant, and Sectarian Christians who strongly believe that their religious outlook contains the most “fundamental, basic, intrinsic, essential, inerrant truth” (Altmeyer & Hunsberger, 2004, p. 50).

Regarding one’s early relationships with primary caregivers and later authority figures, not only do these objects or figures represent differing developmental periods, they also represent two distinct levels of possible analysis. The first level of analysis corresponds to the individual and his/her personal characteristics, while the second level refers to a person’s larger contextual grouping and its characteristics (Bickel, 2007). In this case, the individual level is the focus of attention and is composed of the parishioner



and his/her defining characteristics; that is, those characteristics that contribute to a healthy or unhealthy sense of self. Since this study explores the associations between religious beliefs that influence the self and psychological well-being, theory and research suggest that some of these individual characteristics may be: (1) degree of belief in the theological doctrine of original sin; (2) degree of religious fundamentalism; (3) God-representations; and (4) ability to self-forgive. In addition, familial upbringing will also be treated as an individual variable as it may also help to explain some of the variance in the final models.

Part and parcel of proposing and testing a model of psycho-spiritual abuse requires careful review of the psychological literature in seven areas. The first three can be described as foundational in nature as they combine detailed theoretical accounts with pertinent research serving to ground the primary mechanisms by which the psycho-spiritual abuse may operate. The first area pertains to the place of religion in the field of experimental psychology and what has typically been referred to as its “rise, fall, and resurgence” (Nielsen, 2000, p. 1). This specific review of the literature is essential in that it provides a context within the general history of the field within which to situate this study. In addition, it reviews several key theoretical constructs of import when thinking about the *dark side of religion* (see Bjorck, 2007). Moreover, it also situates the role fundamentalist christianity and its tenets have played in relation to the history of the field. Finally, it legitimizes the present study by linking it to a mainstay in the psychological research tradition and significantly expanding upon it. The second area addresses the theological construct of original sin and its potential relationship to psychopathology via its anthropological message of inherent taint and worthlessness. Due to its notable

absence in the psychological literature as well as its varied interpretation across Christian faiths, a relative degree of description and nuance is imperative for the appropriate operationalization of the construct. The third area focuses on the influence of authority figures from the ground up employing an object relations vantage point. The section begins with a detailed discussion of God-representation formation followed by an explanation of the super-ego's function vis-à-vis God-representations and authority figures. Finally, the segment discusses the influence of clergy on parishioners. Subsequently, the fourth section focuses on anxiety, particularly scrupulosity disorder, and its relation to detrimental religious beliefs concerning the self. The fifth area briefly explores the relationship between depressive symptomatology and psychopathology as it relates to potentially harmful aspects of religiosity. The sixth section deals with the phenomenology of shame and its plausible relationship to the self-diminutive tenets of fundamentalist theology. Finally, the seventh area concerns self-forgiveness as a potential protective factor against a melancholic self. However, due to the fact that self-forgiveness is neither a fundamental tenet nor explicit religious teaching of the Christian faith this section explores the psychological impact its absence may have on parishioners. The synthesis of this review of the literature will ultimately serve as the comprehensive blue print for the construction, maintenance, and inner workings of the proposed model of psycho-spiritual abuse.

## CHAPTER 2

### REVIEW OF THE LITERATURE

#### *Psychology and Religion*

*Definitions.* It is difficult, if not impossible and certainly incomplete, to speak properly about the discipline of psychology without speaking about religion (Rank,). This assertion, however, requires the definition and distinction of two key terms: (1) religion; and (2) spirituality. Over the course of the twentieth century psychology typically subsumed the multidimensionality of religiousness and spirituality under the all-encompassing construct of religion (Zinnbauer & Pargament, 2005). It was only a few years prior to the turn of the century that researchers began to differentiate between the institutional and personal aspects of religious practice (Paloutzian & Park, 2005). This shift has resulted in the unfortunate dichotomization of a “substantive, static, institutional, objective, belief-based, ‘bad’ religiousness” and “a functional, dynamic, personal, subjective, experience-based, ‘good’ spirituality” (Zinnbauer & Pargament, 2005, p. 24).

In an attempt to distinguish the religious person from the spiritual person for research purposes, Koenig, McCullough, and Larson (2001) have proposed distinct definitions for “religion” and “spirituality” that parcel out the functional aspects of religiosity. In doing so, however, they legitimize, even if unwittingly, this divisive dichotomy. According to Koenig et al. religion:

...is an organized system of beliefs, practices, rituals, and symbols designed (a) to facilitate closeness to the sacred or transcendent (God, higher power, or ultimate truth/reality) and (b) to foster an understanding of one’s relationship and responsibility to others in living together in a community (p. 18);

while spirituality:

...is the personal quest for understanding answers to ultimate questions about life, about meaning, and about relationship to the sacred or transcendent, which may (or may not) lead to or arise from the development of religious rituals and the formation of community (Ibid).

The difficulty with this and similar definitions of religion and spirituality is that: (a) they imply that religious people are not active, meaning-making persons who pursue their *raison d'être* apart from cultic rituals; and (b) that spiritual individuals are devoid of any organized systems of belief, practices or symbols that inform their relationship to the sacred. Moreover, research has shown that most people self identify as both religious and spiritual and that for many, spiritual development occurs within the context of a healthy religious setting (Zinnbauer & Pargament, 2005). Consequently, the term “religion” as employed by this author is defined much more broadly in an attempt to not minimize spirituality while at the same time avoiding unnecessary dichotomizations and remaining consistent with the century long language of the psychology of religion. Henceforth, this author adopts and employs the following definitions of spirituality and religion when speaking of religion: *“Spirituality is a search for the sacred. Religiousness refers to a search for significance in ways related to the sacred”* (Zinnbauer & Pargament, 2005, p. 36). Under this set of definitions spirituality is understood to be the *modus operandi* of religion while religion represents a more inclusive set of experiences; under such conditions spirituality is subsumed in the term “religion” (Ibid.; Pargament, 2002; also see Pargament, 1997).

*A forgotten history.* In today's conversations concerning the field of psychology, religion and all things religious are among the least addressed (Haque, 2001). In the words of Paloutzian and Park (2005), "...the psychology of religion as a field of endeavor has a pulse—albeit a weak pulse!—always coursing, but beyond the awareness of most psychologists" (p. 15). However true this may be it was not always the case. Prior to Wundt's establishment of psychology's first experimental laboratory in 1879 Germany, to learn psychology was to learn theology (Hergenhahn, 2001). Given St. Anselm of Canterbury's enduring definition of theology as *fides quaerens intellectum* (faith seeking understanding) in the context of moral, mental, and intellectual philosophy, psychology and religion were not diametrically opposed fields of study; rather, they were viewed as epistemological mediums employed to approximate truths concerning the human mind and by extension truths concerning its presupposed Creator (McGrath, 2001). In fact the Latin term *psychologia*, first coined in 1524 as a subdivision of pneumatology, literally denotes the study of the soul (Haque, 2001).

In the early decades of the 19<sup>th</sup> century mental illness was considered a "disruption of the mind and the spirit" (Koenig & Larson, 2001, p. 68). In response, William Tuke, a pious Quaker, developed a therapeutic intervention based on the Christian values of work and self-control as well as the ethical treatment of the patient; this intervention came to be known as *moral treatment*. Tuke's claim was that a purely medical approach to mental illness was both insufficient and ineffective when dealing with such disruptions. Moral treatment made its way to U.S. hospitals by 1817 with remarkable results. Invariably, "moral treatment was the first established form of psychiatric care in the U.S." (Ibid). In the mid 19<sup>th</sup> century Sir Frances Galton, the

English scientist who would become the founder of the psychology of individual differences, was the first to employ the statistical method of correlation. His most well known studies include the verifiable effects of penitentiary prayer, the psychological process by which religious icons come to be venerated, as well as examining the relationship between the clerical vocation and well-being (Wulff, 1997). Wundt himself looked to reconstruct the evolutionary origins of religion postulating that religion is an outgrowth of the evolution of myth. Albeit the case, religion, claimed Wundt, retains mythic characteristics and is infused with a greater sense of wholeness and connectedness with the world and the supernatural (Ibid.). Wundt's slightly younger contemporary William James (1902/2002), with the publication of his Gifford Lectures on Natural Religion—*The Varieties of Religious Experience*—made the “single most important contribution” to the “psychology of religion” (Vande Kemp, 1992, p. 290). In his opening lecture James (1902/2002) asserted that though he was neither a theologian, nor a scholar of religions, nor an anthropologist, nonetheless he believed:

To the psychologist the religious propensities of man [*sic*] must be *at least* [italics added] as interesting as any other of the facts pertaining to his mental constitution. It would seem, therefore, as a psychologist, the *natural thing* [italics added] for me would be to invite you to a descriptive survey of those religious propensities (p. 5).

James (1902/2002) makes a particular distinction among religious individuals that is of theoretical import for this study. His research led him to distinguish between *the religion of healthy-mindedness* and *the sick soul*. According to James, the religion of healthy-mindedness allows a person to minimize evil, and in the language of

contemporary religious coping fosters *benevolent religious reframing*, while the sick soul maximizes evil, thus fostering *negative religious reframing* (Pargament, 1997). An example of healthy-minded religiousness is found in Molinos' (as cited in James, 1902/2002) benevolent religious reframing of the doctrine of *Original Sin* in a more self-compassionate (Neff, 2004) manner:

When thou fallest into a fault, in what matter soever it be, do not trouble nor afflict thyself for it. For they are effects of our frail Nature, stained by Original Sin. The common enemy will make thee believe, as soon as thou fallest into any fault, that thou walkest in error, and therefore art out of God and his favor... O blessed Soul, open thine eyes; and shut the gate against these diabolical suggestions, knowing thy misery, and trusting in the mercy divine (p. 147).

On the other hand, persons fitting the description of the sick soul, also referred to by James (1902/2002) as those who need to be “twice-born to be happy,” are typified by a burdensome awareness of personal evil. Such persons regard this evil as an essential feature of human essence. This evil is sin “with a capital S... something ineradicably ingrained in our natural subjectivity” (p. 152). While James admits that these two religious poles are abstract, extreme versions of the religious experience, with most persons varying between them, he does note: “there is something almost obscene about these children of wrath and cravers of a second birth” (p. 182). As will be elucidated in the ensuing pages of this study, central to it is James’ conceptual continuum along which parishioners find themselves and their subsequent relationship to psychological well-being.

As important as James' (1902/2002) work is to the psychology of religion it is important to note, however, that James understood his contribution to be a contribution to psychology proper and not to a specific subdivision; indeed, to employ such a distinction during the beginnings of psychology would be somewhat anachronistic—although it is important to note that by the time James' *Varieties* was published the extraction of religion and philosophy from psychology had taken place (Hergenhahn, 2001). In the *Varieties of the Religious Experience* James acknowledges the work of two luminaries from the Clark School of Religious Psychology, J. H. Leuba and E. D. Starbuck—successors of G. Stanley Hall, founder of the Clark School (Maier, 2004; Vande Kemp, 1992; Wulff, 1997).

Hall understood religion in its more classical sense of rebinding or reconnecting, from the Latin *ligare*. As such, he perceived the psychological study of religion as describing the rebinding of conduct with conscience, mind with truth, and affect with the utmost love object (i.e., God). The end result was the individual's health or wholeness (Vande Kemp, 1992). Hall notwithstanding, it was Leuba, who attempted to explicate the mystical experience in terms of biopsychological processes, and Starbuck, who explored the phenomenon of religious conversion, who represent the “first Americans to attempt the scientific study of religion” (Ibid., p. 296; Wulff, 1997). In early 20<sup>th</sup> century Germany, Rudolf Otto and Friedrich Heiler produced major qualitative descriptive works concerning the religious experience similar to that of James'. Otto explored the experience of the numinous and concluded that its nature was two-fold: extremely overwhelming on the one hand, yet captivating on the other. Heiler studied prayer as a means to understand piety in all of its manifestations. He concluded that in all such



expressions of piety one is seeking to establish and abide in an I-Thou (Buber, 1970) relationship with God (Wulff, 1997). While Wundt was establishing his laboratory in Germany Charcot and Janet, among others, were exploring what were considered psychopathological religious states.

Charcot, a neurologist by training, concluded that demon possession was but another manifestation of hysteria and that the phenomenon of faith healing could be explained by the mechanism of autosuggestion. His student Janet is well known for his study of the case of “Madeleine,” a patient at the Parisian neurological clinic Salpêtrière. Madeleine’s symptoms included walking on her toes, unions with God that would immobilize her in the position of a cross, stigmata, and subjective states of levitation. After 14 years Janet concluded that Madeleine’s states of mystical consciousness were attributable to psychasthenia or modern day obsessive-compulsive disorder (Ibid.). In fact, it may be that Madeleine was suffering from a particular subtype of obsessive-compulsive disorder known as *scrupulosity disorder* in which religious obsessions and fears dominate. While space and scope do not allow a more comprehensive survey of the entire corpus of research that early psychologists conducted on religious phenomena one thing is for certain, the enterprises of psychology and religion owe much to each other.

*Decline.* During the decade known as *The United States’ Renaissance*, 1886-1896, psychology in the U.S. gained the status of an empirical science. In doing so, it sought to rid itself of its theological and philosophical roots (Hergenhahn, 2001). Consequently, by the turn of the century “references to God and religion had all but dropped out of the new psychology’s literature” (Maier, 2004, p. 323). Indeed, the epistemological *modi operandi* that in centuries past had been inextricably bound-to-

psychology were effaced by positivism. In essence, positivism displaced metaphysics from science (Haque, 2001). In the years leading up to this schism some religious psychologists, such as Princeton University president James McCosh, stressed the scientific imperative: psychological experiments should solely be conducted by psychologists, not theologians. McCosh, among others, was convinced that only good could come from this bifurcation. At the Presbyterian General Council conference of 1880 McCosh (as cited in Maier, 2004) stated:

Our first inquiry, when an asserted discovery in science is announced, should be, not is it consistent with Scripture, but is it true? If it be true, all who have an implicit faith in the Bible are sure that it cannot be unfavorable to religion (p. 332).

Another contributing factor to the eventual decline of the intersecting of psychology and religion was the Darwinian influence inherent in schools of thought such as behaviorism, which flourished in the 1920s (Hergenhahn, 2001; Nielsen, 2000). Chief among its founders was the notable Russian scientist I. P. Pavlov. Pavlov purported that religious persons are constitutionally weaker than their non-religious counterparts. According to Pavlov (as cited in Windholz, 1986), it is those that are phylogenetically weak that are dependent upon religion:

There are many people who cannot live without religion. There are weak people over whom religion has power. The strong ones—yes, the strong ones—can become thorough rationalists, relying only upon knowledge, but the weak ones are unable to do this” (p. 325).

In essence, Pavlov argued religiosity was a matter of biology, of natural selection (Ibid.). The deterministic qualities of Darwinism also influenced Freud's understanding of human behavior; instinct not reason, argued Freud, governs behavior (Hergenhahn, 2001; Haque, 2001). Ultimately, Freud relegated religious practice and experience to the realm of psychopathology. In particular, Freud believed that religiosity in its varied forms was an extension of infantile obsessive neurosis, an idea he formally published in the 1907 inaugural issue of *Zeitschrift für Religionspsychologie*, a short lived eclectic journal that dealt with psychiatry and the care of the soul (Meissner, 1984, 2009; Wulff, 1997). Its editors were a pastor and a psychiatrist; Freud himself had agreed to serve on its editorial board, a commitment he never kept (Wulff, 1997). Concerning Freud's understanding of religion Meissner states: "In religion we are all children, related in our trusting infantile dependence on a powerful god who replaced the oedipal parents" (p. 14). It was Freud's hope that science (i.e., psychoanalysis) would mitigate, if not abate, the regressive symptoms of religious belief and adherence. The psychoanalyst Fenichel (as cited in Koenig & Larson, 2001) echoed Freud's sentiment when he penned:

It has been said that religious people in analysis remain uninfluenced in their religious philosophies since analysis itself is supposed to be philosophically neutral. I consider this not to be correct. Repeatedly I have seen that with the analysis of the sexual anxieties and with maturing of the personality, the attachment to religion has ended (p. 67).

Ironically, Darwinian influence in the U.S. had two major effects in the development of the Protestant Fundamentalist movement. Firstly, to paraphrase Mardsen (2006), it reinforced the notion that sin is linked with animality. In other words, if there was any

hint of truth concerning Darwin's claims, which the fundamentalist movement did not believe there was, by analogy it was the Christian ideal of "overcoming the original, lower, animal nature" (p. 26). In addition, most Christian fundamentalists place great emphasis on holiness or *sanctification* as a second act of grace. According to Hood, Hill, and Williamson (2005), sanctification is "a process through which a believer is supernaturally cleansed from *innate sinfulness* (italics added) and enabled to live a godly life unencumbered by 'desires of the flesh'" (p. 94). In short, Darwinian influence reinvigorated, by analogy, the belief in the theological doctrine of original sin by throwing light upon the Christian truth that God's requirement of humanity is perfection, through the second act of grace, which eradicates the roots of humanity's sinful nature. Secondly, Darwinian influence was one of the factors, along with *higher criticism*, that radically challenged sources of knowledge and "truth" with a capital "T." The consequences were a systematic intensification of a *dispensational premillennial* approach to Scripture and human history— a division of salvation history into seven *dispensations*, the last of which is considered to be the *millennium* where Christ will rule the earth as king for 1,000 years ensued by the culmination of time; however, prior to the millennium the true Church will be raptured and humanity will experience the emergence of the Anti-Christ and the *great tribulation* presumed to be described in the biblical books of *Revelation* and *Daniel*. Consequently, the bible became a book of facts that were to be interpreted literally wherever literal interpretation was possible. As such, prior claims of inerrancy were significantly intensified and solidified in the minds of fundamentalists (Mardsen, 2006, also see Cox, 2008; and Sandeen, 1970).

By 1923 it was clear that the influence of these and other factors were greatly threatening the survival of a once robust enterprise. Perhaps the greatest among these “other” contributing factors was the theological response to World War I (Wulff, 1997). Prior to the war certain optimism and theological liberalism concerning religious epistemology was pervasive, in large part due to the theological work of Friedrich Schleiermacher. Influenced by Romanticism’s embrace of both the Enlightenment and naturalism, Schleiermacher developed a theology of divine immanence as he “sought to base theology on human experience (Grenz & Olson, 1992, p. 43). In other words, God could be known by understanding humanity and humanity could be known by understanding God. Within this context it is not difficult to see why the formal beginnings of psychology were not inimical to religion and vice versa. However, the war marked a turning point in theological optimism that had reigned for the better part of two centuries and a new theological movement termed *neo-orthodoxy* was born.

The main proponent of neo-orthodoxy, and truly its founder, was the Swiss theologian Karl Barth. “The neo-orthodox movement was characterized by the attempt of theologians to rediscover the significance for the modern world of certain of the doctrines that had been central to the older Christian orthodoxy” say Grenz and Olson (p. 63). Barth, along with others, sought to re-establish God’s transcendence by emphasizing the ontological disparity between the Divine and the human. Barth in particular was critical of liberal theology claiming that it employed the Scripture to divinize humanity in turn creating an anthropocentric theology instead of treating it as “God’s Word,” as divine revelation (Ibid.). A result of this theological shift was the distancing of God from fields of human study such as psychology. This can be seen, for instance, in Piaget’s

assertion that the transcendent God was little more than the representation of “the mythological and infantile imagination” (Wulff, 1997).

Within the U.S. fundamentalist reaction to the war was similar yet more militant. Interpreting Germany’s role in the war as a consequence of social-moral degradation, thought to be engendered through liberal [German] theology, fundamentalists experienced it as a cosmic war between the forces of good and evil, civilization and barbarism, God and Satan. Consequently, they reached the conclusion that such social-moral degradation could also infect the U.S. if liberal theology was propagated within churches, seminaries, bible colleges, and universities. “As premillennialists they had to say that there was not hope for culture,” says Madsen (2006), “but at the same time they were traditional American evangelicals who urged a return to Christian principles as the only cultural hope” (p. 149). Such sentiments were reified with each additional war and with the cultural revolution(s) of the 1960s and 1970s; the only difference being that the latter resulted in political activism (Ibid.).

Consequently, undergraduate courses in the intersection of psychology and religion, which had previously enjoyed significant success, began to decline and by 1933 they had all but disappeared. Moreover, research concerning religious phenomena came close to vanishing as journals such as *Zeitschrift für Religionspsychologie* and the *American Journal of Psychology* dissipated along with the *Psychological Bulletin*’s loss of Leuba as editor in the late 1920s (Hood, 2000; Nielsen, 2000; Wulff, 1997). Though theorizing and experimentation concerning religious phenomena has never become extinct, especially in psychoanalytic circles, in approximately 1930 the academic study of the psychology of religion in the U.S. took a 20-year hiatus (Hood, 2000). Paralleling

and reacting to this sequence of events in the U.S. was the formation of fundamentalist Protestantism.

*Resurgence.* In 1949 J. P. Williams and W. H. Clark established the Committee for the Scientific Study of Religion (CSSR) (Hood, 2000). By the mid 1950s the CSSR had become the Society for the Scientific Study of Religion (SSSR) and on June 10, 1960 the SSSR forged its *Journal for the Scientific Study of Religion* (JSSR). Though other research societies interested in the psychology of religion were burgeoning, such as the Religious Research Association, the Christian Association for Psychological Studies, the National Academy of Religion and Mental Health, and the American Foundation of Religion and Psychiatry, groups such as the SSSR took great care not to “pollute” academicians with unscientific religiosity (Haque, 2001; Ibid.). It was within this context and via the SSSR and JSSR that Gordon Allport was given a platform from which to conduct and publish his research (Hood, 2000).

In 1950 Gordon Allport published *The Individual and His Religion* in which he distinguished between *mature* and *immature* religious sentiments or “systems of beliefs” (p. 54). According to Allport, what distinguishes the two religious sentiments is that individuals with a mature religious sentiment are firstly able to think critically about each strand of their religious heritage and weave them together into a cohesive whole. They realize that there are unflattering and perhaps even harmful aspects of religious belief yet they are able to make informed decisions concerning their beliefs. In contradistinction, the immature religious sentiment accepts doctrines, beliefs, etc. with “a kind of uncritical abandon. They may say, ‘I don’t know enough about it to be rational; I’m accepting my religion on purely emotional grounds,’ or ‘I believe what I was taught, and that’s good

enough for me” (p. 58). Secondly, persons of a mature religious sentiment exercise their religiosity because it is an end in and of itself. Allport suggested that the origins of religious life are in part rooted in “the reservoir of organic drives,” that is fears, appetites, and corporeal desires (p. 63). Whereas immature religion engages in the religious life in order to satisfy these drives, mature religion evolves to become a driving force of its own. As such, magical thinking, fanaticism, and compulsive religion do not belong to the latter.

Thirdly, the mature sentiment is morally consistent, thus transforming the person’s moral character. “While an immature sentiment is very likely to raise moral storms, and sporadically alter conduct, it lacks the steady, persistent influence of the seasoned religious outlook” (p. 65). Fourthly, the mature sentiment requires perspective taking and the humility to be tolerant and accepting. Allport put it this way: “The religion of maturity makes the affirmation ‘God is,’ but only the religion of immaturity will insist, ‘God is precisely what I say He [*sic*] is” (p. 69). Fifthly, persons of a mature religious sentiment engage in a lifetime of wrestling with the complexity of life, the existence of evil, and the limitations of human will to form a cohesive or “integral nature” (p. 70). Finally, Allport purported that mature religion constantly reforms itself. In other words, it holds its tenets flexibly knowing that new and additional information may be useful to better approximate religious truths. Subsequently, one may act “wholeheartedly even without absolute certainty;” one may “be sure without being cocksure” (p. 72). Though Allport, influenced by Adorno and colleagues’ research concerning the authoritarian personality, later renamed the religious sentiments (i.e., “immature” became “extrinsic” and “mature” became “intrinsic”) at their core they



remained unchanged (Wulff, 1997). This distinction, along with the development of the *Religious Orientation Scale* (Allport & Ross, 1967) have been among the most widely used conceptual and research tools of the past half-century (Ryan, Rigby, & King, 1993; Wulff, 1997).

Allport's work marked the beginnings of the resurgence in the psychological study of religion. However, it was not until the 1970s that the rebirth had been fully realized (Belzen, 2005; Haque, 2001; Nielsen, 2000). This reawakening signified that the role and place of religious values within the therapy room had to be addressed, which sparked a decade long debate beginning in the early 1980s (O'Connor, 1998). Though few, American Psychological Association (APA) accredited doctoral programs emphasizing the study of the intersection of psychology and religion also began to appear in the late 80s, the first being at Fuller Theological Seminary. Moreover, at the end of the 20<sup>th</sup> century more than half of the U.S.' medical schools offered courses on religion, spirituality and medicine (Koenig et al., 2001). Haque (2001) also mentions that the "inclusion of religious beliefs in therapies" began to emerge "especially in the cognitive-behavioural [*sic*] approaches where religious themes are used to encourage religiously oriented clients to monitor their thoughts and overcome resistance" (p. 249). An example of this may be espied from research suggesting that guided imagery has proven a successful coping strategy in perioperative religious individuals (Tusek, Chuch, & Fazio, 1997). Along similar lines, the application of mainstream psychological theories such as coping, attachment, human development, motivation, personality, emotion, and cognition to things religious since the early 90s has proven beneficial (Hill, 2005).

A monumental milestone, however, was the addition of Division 36 (Psychology

of Religion) within the APA in 1976 because it lent institutional credibility to the enterprise of the psychological study of religion. Division 36 officially traces its inception to 1946 and the American Catholic Psychological Association (ACPA), subsequently named Psychologists Interested in Religious Issues (PIRI) who in 1993 metamorphosed into Psychology of Religion (Haque, 2001; Nielsen, 2000; Reuder, 1999). In addition, Division 36 launched its own APA journal, *Psychology of Religion and Spirituality*, in January 2009 thus taking its place alongside the prominent *International Journal for the Psychology of Religion*. Despite this renewed interest in the intersection of psychology and religion, Nielsen (2000) points out that when taking into account the APA's membership total as well as the memberships of the respective APA divisions, Division 36 remains quite small and minimal in force.

It is within this larger history of the intersection of the psychological with the religious that this study is situated and finds meaning as it seeks to contribute in a significant manner to the growing corpus of such literature. Finally, both Allport (1950) and James' (1902/2002) distinctions and descriptions of a person's religious functioning are instructive at this point of the analysis because they aid in providing a point of reference as we begin to consider the plausible relationship(s) between religious fundamentalism, degree of belief in the theological construct of original sin, God-representations, level of self-forgiveness, and familial upbringing in relation to psychological well-being. While this study does not aim to label anyone as "having a sick soul" or being "religiously immature," it stands to reason that keeping these constructs in the periphery of our consciousness will aid us in providing a theoretical framework from which to better understand the mechanisms at work in psycho-spiritual

abuse. Attention is now turned to a relatively unexamined theological construct that lies at the foundation of fundamentalist Christianity's view of human anthropology, original sin.

### *Original Sin*

*Distinctions and Definitions.* McMinn, Ruiz, Marx, Wright, and Gilbert (2006) state: "One relatively unexplored area in psychology has to do with the Christian construct of sin. This doctrine—foundational in Christian anthropology—suggests that all humans are tainted and wounded by their own misconduct and the misconduct of others" (p. 296). St. Augustine (trans. 2005) expresses the finality of the human condition employing a paraphrase of Romans 3:23: "...all have sinned, whether in Adam or in themselves, and have fallen short of the glory of God" (p. 398). A distinction that must be made when attempting to operationalize the construct of *sin* is *sin qua* state and *sin qua* act. In the interest of operationalization clear distinction and definition of these theoretical constructs is imperative.

As generally understood in the Christian tradition, sin-as-state refers to the universal and hereditary sinful essence of humanity due to Adam and Eve's spiritual transgression (Taylor, 1983). The a priori "sinful essence of humanity" concerns the will's virtual inability to rightly obey God and rationally rule over one's corporeal members as well as the corrosion of all admirable human qualities. In essence it defines the quality of human nature as defective. Augustine (as cited in Niebuhr, 1996) puts it this way:

Man's [*sic*] nature was indeed at first created faultless and without sin; but nature as man [*sic*] has it into which everyone who is born from Adam, wants the

Physician, being no longer in a healthy state. All good qualities which it still possesses...it has from the most High God, its Creator and Maker. But the flaw which darkens and weakens all these natural goods, it has not contracted from its blameless Creator...but from that *original sin* (emphasis in original) which it committed of *its own free will* (emphasis in original) (pp. 2421-242).

It is this notion of sin-as-state that the first half of McMinn et al.'s (2006) definition alludes to, a state in which "humans are tainted and wounded" (p. 296).

Sin as act, on the other hand, is denoted by McMinn and colleagues' (2006) reference to one's "own misconduct and the misconduct of others" (p. 296). While the Christian doctrines of original sin and sin constrict human volition, many times nihilistically, they paradoxically place great emphasis on the execution of the debilitated will. Therefore, while it was human will that perpetrated the original sin, which brought with it all of the aforementioned concomitants, it is the individual will that sins against God, self, and neighbor. This individual sin is defined: "Conduct that *violates* [italics added] what the *offender* [italics added] believes to be supernaturally ordained moral code" (English and English, 1958, p. 503; also see Menninger, 1973). Defining individual sin in this manner allows us to keep true to its Hebrew meaning of *ht* or missing the mark, which ultimately denotes a transgression, an offense (Pargament, 1997). Another way to conceptualize these constructs and their psychological impact is as schemata.

*The schemata of sin-as-state and sin as act.* What we believe to be true about ourselves is an essential factor in personal mental health. In fact, of all the information processed by the human mind a considerable amount regards information about the self

(Markus, 1977; also see Young, 1999). The metabolizing of behaviors and cognitions vis-à-vis moral codes imposed by parents as well as other authority figures such as religious leaders, and the reward or punishment received for such thoughts and actions serve as the bedrock for self-schemata or self-representations (Ibid., Skinner, 1965). The establishment of such self-representations, however, is contingent on the “repeated categorization and subsequent evaluation” of the phenomena by the subject (Markus, 1977, p. 64). Consequently,

once established, these schemata function as selective mechanisms which determine whether information is attended to, how it is structured, how much importance is attached to it, and what happens to it subsequently. As individuals accumulate repeated experiences of a certain type, their self-schemata becomes increasingly resistant to inconsistent or contradictory information... (Ibid.).

McIntosh (1995) cogently argues that religion too can be understood in terms of schema. Since schemas typically operate at both global and specific levels of cognition a self-schema (global) may contain a religion schema (specific) that bears great impact on self-definition. If the religion schema is not aschematic for sin-as-state and sin as act constructs, then, it is more likely that the individual will come to define him/herself as inherently sinful. Furthermore, any transgressions committed by the person will only serve to reinforce this self-representation (Ibid.). Hence, it is imperative to unveil what the schemas of sin-as-state and sin as act impute to the self.

*Imputing the self.* The Christian tradition bases its anthropology on the Adamic myth of Genesis 3:

Now the serpent was more crafty than any other wild animal that the LORD God

had made. He said to the woman, “Did God say, ‘You shall not eat from any tree in the garden’?” The woman said to the serpent, “We may eat of the fruit of the trees in the garden; but God said, ‘You shall not eat of the fruit of the tree that is in the middle of the garden, nor shall you touch it, or you shall die.’ But the serpent said to the woman, “You will not die; for God knows that when you eat of it your eyes will be opened, and you will be like God, knowing good and evil.” So when the woman saw that the tree was good for food, and that it was a delight to the eyes, and that the tree was to be desired to make one wise she took of its fruit and ate; and she also gave some to her husband, who was with her, and he ate. Then the eyes of both were opened, and they knew that they were naked... Therefore the LORD God sent him forth from the garden of Eden, to till the ground from which he was taken. He drove out the man... (3:1-7a, 23-24a, New Revised Standard Version).

It is within this biblical narrative popularly known as *The Fall* that the ontogenesis of sin-as-state is purportedly explicated (Dubarle, 1958/1964; McMinn et al., 2006; Tennant, 1903). However, scholars have long noted that the Hebrew Scriptures (Old Testament) remain largely silent concerning the primordial parents, much less infusing their mythic account with *hamartigeny*—an explanation of the origin and ubiquity of sin (Noddings, 1989; Ricoeur, 1967/1969; Schwarz, 1985; Tennant, 1903; Williams, 2001). We may conclude, then, that while the Hebraic authors were aware of human potentiality for sin they understood it as “a voluntary act or a habit resulting from such acts” (Tennant, 1903, p. 98). Moreover, it was later exegetically understood that God created humanity with such potentiality by instilling in them the *yezer tob* and the *yezer hara* or good and evil

inclinations/natures (Ibid.).

With the evolution of Jewish theology, visible in the *Midrashim*—commentaries on the Hebrew Scriptures—and the *Targum*—the Aramaic translation of the Hebrew Scriptures— ensued the magnification of the first human being. Adam became a demigod whose stature was such that he filled the earth, possessed unequaled beauty, wisdom, immortality, and physical radiance brighter than the sun itself (Tennant, 1903). The deuterocanonical book of *Ecclesiasticus* is part evidence of this tradition:

He [God] endowed them with strength like his own, and made them in his own image. He put fear of them in all living beings, and gave them dominion over beasts and birds. Discretion and tongue and eyes, ears and a mind for thinking he gave them. He filled them with knowledge and understanding, and showed them good and evil...He bestowed knowledge upon them, and allotted to them the law of life (17:3-7, 11, NRSV).

From such a great height did humanity fall. The consequences of such a catastrophe must be psychologically syntonetic with the human experience. The synthesis of Jewish thought with Greco-Roman philosophy gave the first Christian writer the tools necessary to forge an anthropology congruent with human suffering; his words would resound with Augustine at the time of his conversion as he read the *Epistle to the Romans* (Jacobs, 2008). The apostle Paul, referred to by Dubarle (1958/1964) as the “doctor of original sin” (p. 142), penned what has been deemed the most puissant argument for the existence of sin-as-state (Ibid.; Niebuhr, 1996; Ricoeur, 1967/1969; Williams, 2001):

Therefore, just as sin came into the world through one man, and death came through sin, and so death spread to all because all have sinned... Therefore, just

as one man's trespass led to condemnation for all, so one man's act of righteousness leads to justification and life for all. For just as by the one man's disobedience the many *were* [italics added] made sinners, so by one man's obedience the many *will* [italics added] be made righteous (Romans 5:12, 18-19, NRSV).

Paul's tenet is that Adam's trespass not only brought about a divine penalty, death, but it also created a sinful state in which all of humanity participates (Dubarle, 1958/1964). Moreover, an ontological problem arises concerning the "first Adam" and the "second Adam," this second one being Christ. The juxtaposition elevates the Adam of Genesis to the stature of Christ, the perfect God-man, while simultaneously degrading him along with the rest of humanity (Ricoeur, 1967/1969). The mainstay of this *Adam Christology* is found in expressions such as Barth's (1933/1968):

As the old man, he is what he 'is', the man 'we' know, who is under the wrath of God: as the new man, he is what he is not, the man 'we' do not know, who is righteous before God... If a man be *in Adam*, he is an old, fallen, imprisoned creature... (pp. 164-165).

Irenaeus (as cited in Tennant, 1903), the late second century Bishop of Lyons, held that all of humanity was and is "in Adam:" "We were all in Adam, and were Adam, when he sinned" (p. 290). The fourth century Bishop of Alexandria Athanasius (as cited in Ibid.) believed similarly: "We all die in Adam...God has turned away from human nature because of its transgression of the law in Adam" (p. 314). This spiritual determinism is only half of the equation, claims Paul, for while it contains a physical penalty its symptoms extend further into humanity's corporeal experience. Thus Paul continues:



...But I am of the flesh, sold into slavery under sin. I do not understand my own actions. For I do not do what I want, but I do everything I hate... But in fact it is no longer I that do it, but sin that dwells within me. For I know that nothing good dwells within me, that is, in my flesh. I can will what is right, but I cannot do it... Now if I do what I do not want, it is no longer I that do it, but sin that dwells within me. So I find it to be a law that when I want to do what is good, evil lies close at hand. For I delight in the law of God in my inmost self, but I see in my members another law at work at war within the law of my mind, making me captive to the law of sin that dwells in my members. Wretched man that I am! Who will rescue me from this body of death? (Romans 7:14b-15, 17-18, 20-24, NRSV).

What results is a portrait of humanity utterly devastated, buffeted, and enslaved to a powerful force, sin-as-state. Humanity can escape it inasmuch as it can be freed from its corporeal condition. Not only is sin-as-state a result of the will, but it perpetually endures on account of “the flesh.” What developed as a result of patristic thought concerning the ecclesial polemics of their day was an indelible theology of original sin as genetic, as universal, as state. The imputation of such theological tenets upon the self is part and parcel of our religious heritage operant in societal thought as well as liturgical practice.

For example, in the third century Origen spoke of *sordes peccati* (i.e., the stain of sin) in relation to infant baptism. Origen argued that infants were in need of baptism to wash away their inborn taint, the *sordes peccati* they possessed (Tennant, 1903). He explained:

Everyone who enters the world may be said to be affected by a kind of contamination... By the very fact that humanity is placed in its mother's womb, and that it takes the material of its body from the source of the father's seed, it may be said to be contaminated in respect to both father and mother... Thus everyone is polluted in father and mother (as cited in McGrath, 2005, p. 390).

The ontogenetic belief in *sordes peccati* was also expounded by two of the Cappadocian fathers, Gregory of Nazianzus and Gregory of Nyssa (Tennant, 1903). The early Christian apologist Tertullian reasoned that at the creation of the soul, of which all of humanity is an offshoot of Adam's soul, there too is the birth of hereditary sin:

Our first parent contained within himself the undeveloped germ of all mankind [*sic*], and his soul was the fountain-head of all souls; all varieties of individual human nature are but different modifications of that one spiritual substance.

Therefore the whole of nature became corrupt in the original father of the race, and sinfulness is propagated together with souls (as cited in Tennant, 1903, p. 332).

This brief survey of the imputation of the soul must include Ambrose, the fourth century Bishop of Milan under whom Augustine was converted to the Christian faith. For in Ambrose we find the negation of the *imago Dei* in post-fall humanity, a teaching that greatly influenced Augustine as well as the Swiss Protestant Reformer John Calvin (Ibid.). If in Augustine we find the coalescence of thought from Paul to Ambrose, in Calvin we find a coalesced Augustinian anthropology having undergone centuries of subsequent thought and reflection. Calvin (1536/1845) states:

Adam was made the depository of the endowments which God was pleased to bestow on human nature, and that, therefore, when he lost what he had received, he lost not only for himself but for us all... Thus from a corrupt root corrupt branches proceeding, transmit their corruption to the saplings which spring from them. The children being vitiated in their parents, conveyed the taint to the grandchildren; in other words, corruption commencing in Adam, is, by perpetual descent, conveyed from those proceedings to those coming after them... Children come not by spiritual regeneration but carnal descent. Accordingly, as Augustine says, “Both the condemned unbeliever and the acquitted believer beget offspring not acquitted but condemned, because the nature which begets is corrupt.”...Original sin, then, may be defined a hereditary corruption and depravity of our nature, extending to all parts of the soul, which first makes us obnoxious to the wrath of God, and then produces in us works which in Scripture are termed works of the flesh... Hence even infants bringing their condemnation with them from their mother’s womb, suffer not for another’s, but for their own defect. For although they have not yet produced the fruits of their own unrighteousness, they have the seed implanted in them. Nay, their whole nature is, as it were, a seed-bed of sin, and therefore cannot but be odious and abominable to God (Bk. 2, Ch. 1, Sec. 7-8).

This is the imputation of the self; this is what many Christian parishioners attend to both explicitly and implicitly sermon after sermon. To paraphrase Barth (1933/1968), humanity is defined by sin. In other words, it is to say, “*I am sin.*” In relation to

fundamentalist Christianity it is of import to note that its beginnings are rooted in John Calvin's theology (Mardsen, 2006), which stresses five main theo-anthropological tenets:

1. *Total* [italics added] depravity of sinful human nature;
2. Unconditional election, in that humans are not predestined on the basis of any foreseen merit, quality or, or achievement;
3. Limited atonement, in that Christ died only for the elect;
4. Irresistible grace, by which the elect are infallibly called and redeemed;
5. Perseverance of the saints, in that those who are truly predestined by God cannot in any way defect from the calling (McGrath, 2001, p. 469).

Intuitively, one cannot help but suspect that such tenets cannot be psychologically or theologically healthy. Albee (1982) in his discussion of preventative measures concerning psychopathology discusses Calvinistic theology as a significant road-block toward this end:

Another major source of opposition to prevention comes from those who see the unfortunates, the disturbed, and the failures of humankind as sinful and doomed (Calvinism). This theology stresses rigid determinism and obviously reduces opportunities for human freedom and effective social change to near zero. The doctrine of predestination leads to stigmatic labels (the good-elect and the wicked-damned) and the position that human beings are unchangeable. In the Calvinistic tradition, no human intervention can save a person... (p. 1048).

Data from a study by McMinn et al. (2006) concerning what Christian leaders wish psychologists knew about sin and grace reveals a reification of sin-as-state. Data yielded four broad categories: the nature of sin, consequences of sin, grace and sin, the

importance of sin and grace for the work of professional psychologists. One hundred sixteen respondents stressed the importance of psychologists knowing about the nature of sin, 43% of which spoke specifically of sin-as-state; 10% highlighted the weightiness of the consequences of sin; 22% underscored the value of grace and sin; and 25% espoused the importance of sin in psychotherapy. The overwhelming message Christian leaders desire psychologists, and this author argues humanity at large, knew is: “I wish psychologists understood that sin is inextricably interwoven into the fabric of human existence. We are all born with it” (Ibid., p. 298). And again, “Sin is comprehensive (affecting the whole person), universal (affecting every individual), inherited (coming from our shared humanity), a condition (a status, not a series of choices)” (Ibid.). What Paul is to early Christianity Freud is to psychology and in a round about manner even Freud weighed in on original sin. However, as will be discussed later, perhaps Freud’s assertions about human nature may provide a slightly different lens through which human experience may be spoken about.

*Freud and original sin.* After considering the notion that humanity is essentially good-natured Freud (as cited in Meissner, 1984), in *New Introductory Lectures on Psycho-analysis*, asserted:

Unfortunately, what history tells us and what we ourselves have experienced does not speak in this sense but rather justifies a judgment that belief in the ‘goodness’ of human nature is one of those evil illusions by which mankind [*sic*] expects their lives to be beautiful and made easier while in reality they only cause damage (p. 160).

In a similar vein, Freud (1963) shared his skepticism concerning humanity's "goodness" with his colleague the Reverend Oskar Pfister: "I do not break my head very much about good and evil," said Freud, "but I have found little that is 'good' about human beings on the whole. In my experience most of them are trash, no matter they publically subscribe to this or that ethical doctrine or to none at all" (pp. 61-62). In addition, Freud (trans. 1961) in *Civilization and Its Discontents* when speaking of the death instinct echoes the words of the plethora of Western theologians who have conceived original sin in the aforementioned manner when he says: "For 'little children do not like it' when there is talk of the inborn human inclination to 'badness', to aggressiveness and destructiveness, and so to cruelty" (p. 79). A few paragraphs later Freud asserts, "In all that follows I adopt the standpoint, therefore, that the inclination to aggression is an original, self-subsisting instinctual disposition in man..." (p. 81).

In the first of these contexts Freud is attempting to make salient the juxtaposition between a perfect God who creates humanity in its image and the presence of an undeniable, in Freud's mind, death instinct. And in the latter, Freud is simply describing the ontogenic nature of the death instinct. Interestingly enough, Freud completely bypasses the Christian creation myth yet still manages to yield the same basic results of the proponents of original sin: there is something inherently dark, corrupt, and destructive about human nature. Freud called it the death instinct and theologians call it original sin; nonetheless, it is plausible that they are speaking to the same human phenomenon from differing vantage points (for a detailed examination concerning Freud and original sin see MacIsaac, 1974)?

*Original sin and psychopathology.* There has been little to no research conducted on the relationship between original sin and psychopathology and theorizing on the matter has fared no better. Theorizing in the psychological literature stems from a debate concerning sin and religious values and their place in therapy that spanned the better part of three decades between O. H. Mowrer, Albert Ellis, and A. E. Bergin. In September 1959 at the APA convention in Cincinnati, OH Mowrer and Ellis participated in a symposium organized by the SSSR in which Mowrer (1960a) presented a paper entitled “Constructive aspects of the concept of sin [in psychotherapy]” to which Ellis (1960a) responded.

Mowrer (1960a) argued that psychoanalytic theory absolved individuals of their contribution to personal psychopathology. In essence he believed that the patient had become “too good.” “We find that not only have we disavowed the connection between manifest misconduct and psychopathology; we have, also, very largely abandoned belief in right and wrong, virtue and sin, in general” (Ibid., pp. 185-186). Moreover, he questioned the medicalization of mental illness perceiving it to be a relativizing of morality, thus believing that choosing the “concept of sin” over “that of sickness” was “indeed the lesser of two evils” (1960a, 1960b, p. 302). Menninger (1973) has voiced a similar concern and sentiment:

...Does this mean that no sin is involved in all our troubles—sin with and “I” in the middle? Is no one any longer guilty of anything? Guilty perhaps of a sin that could be repented and repaired or atoned for? Is it only that someone may be stupid or sick or criminal—or asleep? Wrong things are being done, we know; tares are being sown in the wheat field at night. But is no one responsible, no one

answerable for these acts? Anxiety and depression we all acknowledge, and even vague guilt feelings; but has no one committed any sins? (p. 13).

Sometime later Bergin (1980) also commented that religion, and by extension religious values, “should be at the center” of the therapeutic enterprise rather than at the periphery (p. 103). Though Bergin (1991) did not explicitly employ the language of sin he emphasized the importance of moral points of reference on grounds that these references are rooted in theories of human nature. By vying for the implementation of a theistic value system in psychotherapy, by extension Bergin was advocating for a conception of human nature as inherently sinful. Furthermore, he also engaged in a false dichotomy reminiscent of the classical ontological problem whereby God and human beings are defined in contradistinction to one another rather than unique and worthy Thous (Buber, 1970). Bergin (1980) began his list of theistic values: “God is supreme. Humility, acceptance of (divine) authority, and obedience (to the will of God) are virtues” (p. 100). He contrasted this value with the *sine qua non* “clinical-humanistic” value credited with the deterioration of society: “Humanity is supreme. The self is aggrandized. Autonomy and rejection of external authority are virtues” (Ibid.). Watson, Morris, and Hood (1987, 1988a, b, c, 1989a, b) in their attempt to empirically weigh in on this issue of sin, psychopathology, and antireligious values embarked on a five-part study similarly arguing that humanistic ideology, which they view as antagonistic toward Christian values, may bias research results when employing certain measures.

Ellis’ (1960a) response to Mowrer was forceful: “...there is no place whatever for the concept of sin in psychotherapy and...to introduce this concept in any manner, shape, or form is highly pernicious and antitherapeutic” (p. 189). Ellis did not dismiss Mowrer’s



concern regarding morality in psychotherapy. The polemic, as seen by Ellis, is Mowrer's underestimation of the psychological baggage inherent in the adjective "sin."

Consequently, it is not ownership of a wrongdoing that is harmful, but the logical insinuation and generalization that follows when the psychologist labels "the neurotic" a "sinner," (Ibid.) which is what Mowrer (1960a) was advocating: "*Our* attitudes, as would-be therapists or helping persons, toward the neurotic (sinner) are apparently less important than his attitude *toward himself* (p. 303). For Ellis (1960a), such imputation leads to self-blame and cognitions such as: "I am a blackguard, a sinner, a no-good-nik, a valueless person, a louse for having done this wrong deed" (p. 189); this self-deprecating tendency is what Ellis calls *self-downing* (Macavei, 2005). Branden (as cited in Watson et al., 1988b) appears to agree with Ellis: "...the religious doctrine of Original Sin...is disastrously harmful psychologically...fostering hopelessness, deterministic feelings" (p. 270). Elsewhere Branden (1994) asserts:

If, in any culture, children were taught, 'We are all equally unworthy in the sight of God'—

If, in any culture children are taught, 'You were born in sin and are *sinful by nature* [italics added]—

...then consider what will be the likely consequences for the practice of living consciously, or the practice of self-assertiveness, or any of the other pillars of healthy self-esteem (pp. 291-292).

Such sentiments are also echoed by Heise and Steitz (1991): "...it has been found that the majority of children taught and being taught from this perspective [fundamentalism] are still being negatively affected by the 'hell, fire, and damnation' conception of God's

moral laws” (p. 18). Ellis (1960a) agrees that perhaps such cognitions may shame individuals into being more moral at the expense of psychological dis-ease and illness. His clinical experience brought him face to face with persons who following Mowrer’s logic would disclose in therapy: “Oh, what a terrible sinner, I will be (or already am); Oh, what a terrible person! Oh, how I deserve to be punished” (Ibid., p. 190). Moreover, Ellis purported that adherence to such logical fallacies would produce: (1) feelings of worthlessness; (2) rumination; and (3) denial or repression concerning personal responsibility for the wrongdoing (Ibid.; also see Ellis, 1960b). It is of utter import to reiterate Ellis’ (1960b) subtle thesis: in psychotherapy, to label symptomatology “sin,” or a derivative of sin for which one must be held accountable, labels the self constitutionally worthless and sick.

Ellis (1980, 1992) responded to Bergin in much the same way cogently arguing that rigidly held beliefs, including religious shoulds, oughts, and musts, are the wellspring of pathology:

Devout, orthodox, or dogmatic religion...is significantly correlated with emotional disturbance. People largely disturb themselves by believing strongly in absolutistic shoulds, oughts, and musts, and most people who dogmatically believe in some religion believe in these health-sabotaging absolutes. The emotionally healthy individual is flexible, open, tolerant, and changing, and the devoutly religious person tends to be inflexible, closed, intolerant, and unchanging (1980, p. 637).

It is not religiosity per se that contributes to mental disturbance, argues Ellis (2000), but rigidly held beliefs; the content of which magnifies the intensity of psychological

disturbance. Following Ellis' thought, Watters (1992) notes that years of Christian indoctrination in the matters of sin may act as a risk factor in the development of schizophrenic and affective disorders. It is also interesting to note that Freud (1923) described the "double aspect" of the super-ego in term of "oughts" and "may nots" (pp. 32, 34). According to Freud, the super-ego, which contains the impetus from which religious desire springs forth, impinges upon the ego two negations: (1) "You *ought to be* like this;" and (2) "You *may not be* like this" (p. 34). What does the research show?

To date only two studies, both unpublished dissertations, have been conducted in which the effects of original sin on mental health have been analyzed—it is important to note that in both of the studies the reference to the theological construct is not the main focus of the study. In order to directly test Ellis' hypothesis concerning religion and psychopathology Poland (1996) measured the relationship between differing levels of religiosity and emotional disturbance among Church of Christ and Church of Religious Science parishioners. Poland reports a significant relationship between belief in original sin among Church of Christ parishioners and: (a) awfulizing, i.e., the tendency to catastrophize or negatively aggrandize cognitions and events; (b) other-directed shoulds; (c) tough-mindedness; these last two outcomes are indicative of the belief that others should adopt one's point of view due to the veracity of one's claims; and (d) submissiveness. Poland explains that submissiveness is vital for social approval and maintenance of high self-image within a community that values strict adherence to religious codes; this is what Fromm (1969) refers to as masochistic submission to authoritarianism. A recent study by Macavei (2005) links awfulizing and self-downing to depressive symptoms of both clinical and subclinical intensity thus providing a critical

link between Ellis' theorizing, Poland's findings and psychopathology.

Schechterle (1999) examined the relationship between theologies of sin present in Conservative Judaism, Roman Catholicism, Evangelical Lutherans, and Black Baptists and shame and guilt proneness. As relates to original sin, Schechterle reports Evangelical Lutherans to be substantially more shame and guilt-prone than their religious counterparts. He interprets these data in light of the doctrine of original sin and the antithesis doctrine of justification concluding that the latter might not be "experienced as strongly as the former perspective" (p. 185). While the research concerning the effects of belief in original sin on psychological outcomes is thin it suggests that belief in the doctrine of original sin may have negative mental health outcomes especially in regards to shame and depression.

While not relating directly to original sin there exists one additional study that commands review. As mentioned earlier, Watson and colleagues (1998c) conducted a series of studies to investigate the relationship between sin and self-functioning. In part three of their five-part series they specifically turn their attention to Ellis' assertions in two studies. Results suggest that when Grace is not accounted for, Self-Guilt (i.e., sin) is positively associated with Depression. However, the relationship turns negative when Grace is taken into consideration thus implying the mediating role of Grace.

*Original sin and religious strain.* A review of the literature suggests that religious individuals are less likely to divorce, abuse alcohol and illegal drugs, experience less cardiovascular difficulties as well as greater positive affect, pro social behavior, hope, and life satisfaction (Harris et al., 2008; Johnson and Hayes, 2003; Koenig et al., 2001; Koenig & Larson, 2001). In addition, the theological construct of grace may

nullify any possible associations between the construct of sin as act and depression (Watson et al., 1998c). If this is the case, why propose a psycho-spiritual model of abuse which posits that certain religious beliefs may be associated with unhealthy psychological outcomes such as shame, depression and anxiety? After all prominent researchers such as Koenig and colleagues (2001) explain away such a possibility:

...the claims of religious abuse and negative effects of religion on health rest largely on isolated case reports and highly selected case series, rather than on population-based systematic research studies. There is no doubt that some systematic research does show either no relationship between religion and health or a negative relationship. Many of these reports, however, are older studies of college students and adolescents without mature religious faith, utilize samples that were brought together by convenience, involve cross-sectional study designs, or fail to control for other relevant variables in analysis (p. 77).

In part the problem lies in the global analysis of the religious experience, which tends to be over simplistic. For example, in the study by Poland (1996) described above, though there was significant evidence that persons who believe in original sin engage in psychological processes that have been linked to depression and diminished states of mental health, nonetheless Poland concluded that Ellis' hypothesis "was not *fully* [italics added] confirmed" (p. 58): "This is evident in that no religious variables were associated with the *more psychopathological* [italics added] forms of emotional disturbance" (Ibid.). The reason, in part, for such an outcome is that the total score for all of the irrational beliefs measured, which of course were not endorsed by everyone who believes in original sin, was not significantly related to variables such as religious orientation,

affiliation, or identification. In addition, the difference between “slight,” “moderate,” and “severe” psychopathology does not eliminate pathology, it simply qualifies it. On a macro level, then, the former allows the researcher to treat the finding as insignificant and inconsequential without acknowledging the latter. Consequently, global analyses such as these may overlook nuanced findings that are if not statistically significant perhaps they are clinically significant.

Concerning Watson et al.’s (1998c) findings regarding the mediating role of grace in the link between sin and depression there are several factors that must be addressed. Firstly, the conceptualization and operationalization of sin as guilt may be misguided. As this author elucidates above, sin as act belongs to the realm of transgression. Such is its proper categorization in the biblical text as well as in most Christian faiths. Guilt on the other hand, may be a concomitant of the transgression, but it is not the transgression itself. Therefore one may experience self-guilt, but this is not akin to sin. This is why a person may transgress and feel guilt or remorse for an action and have it serve a healthy purpose. This is due to the fact that research on guilt and shame consistently shows that guilt is less toxic than shame because it can be remedied by fairly “simple” action(s) (Tangney & Dearing, 2002). In a related vein, Watson and colleagues’ (1988a) constructed scales of “self-guilt” and “other-guilt” contain items that do not properly distinguish between sin as state and sin as act when these constructs are tactually addressed in the scales; often they contain both constructs within the same scale. Perhaps this is why they report low levels of internal reliability for the guilt scales— .48 to .66. Secondly, the authors’ conceptualization of grace may also be misinformed in that they treat it monolithically as if it is experienced and defined identically across

denominational lines and Christian faiths. For example, theologically speaking some denominations believe in the more agent restricting triad of grace known as *prevenient*, *operative*, and *cooperative grace*; others believe in what is known as *actual* and *habitual grace* and to complicate matters further there is the question of how *congruous* and *condign* forms of merit work in relation to grace. Moreover, additional doctrinal issues such as whether one is perpetually in a state of grace after having received forgiveness for one's trespasses or whether that grace is temporal and conditional and possibly "renewable" after backsliding are all thorny theological considerations. Therefore, it is difficult to treat grace monolithically. Perhaps such issues explain why sometimes significant positive relationships between grace and social anxiety among religious persons arose (Watson et al., 1998a). Taking these potentially misguided factors into consideration may help address some of the contradictory evidence between Schechterle's (1999) and Watson and colleagues' (1988a, b, c, 1989a, b) research regarding the effects of grace. Perhaps Schechterle's findings are more representative of fundamentalist Christians' experience of sin as state, psychopathology, and grace. This seems to be supported by Strozier's (1994) comments:

...no matter how conversion is experienced, an overlay of human evil from deep within Christian tradition always permeates the fundamentalist sense of their stories. Humans are born bad, in this view, and even the saved remain open to the workings of the devil. It is a constant struggle. Even if you were saved at five, you were born an evil person. Most of mainstream Christianity has found ways to soften this harsh, Manichean view of human nature, but contemporary fundamentalists keep the notion very much alive (p. 44).

Finally, research suggests that perhaps the debate concerning religion and mental health has centered about the wrong question, “Does religiosity promote mental health or mental illness?” (Bergin, 1991; Exline et al., 2000; Harris et al., 2008). While apologists exist on both sides of the issue there is an explicit bias on behalf of some researchers to “prove” that religiosity produces positive health outcomes:

The current trend in the research literature is to explore predominantly positive aspects of religiousness... For example, well over 100 measures of religiousness have been published in the professional literature, with the vast majority of these assessing *only* [italics added] positive effects of religiousness (Smith et al., 2003, p. 627).

To paraphrase Harris and colleagues (2008), it appears that the more appropriate question is, “*Which factors* organic to religiousness have positive or negative relationships with which factors of mental health?”

Research conducted by Exline et al. (2000) has shown that regardless of degree of religiousness and/or personal comfort found in religion one may still experience *religious strain*. Religious strain refers to personal psychological discomfort and distress attributable to intrapsychic, interpersonal, and institutional religious conflicts. The implication is that religious strains and comforts operate independently of each other (Harris et al., 2008). Consequently, one may be pious and still experience psychological dis-ease on account of a deeply held but dystonic doctrine (Exline, 2002). This study considers the theological construct of original sin or sin-as-state to be a source of religious strain for some parishioners. For instance, a female parishioner may believe that human nature by default is inherently base, but refuse her church’s teaching on the



complete submission of women to their husbands and the church, a biblical teaching based on the consequences of original sin. Denouncing the latter may cause significant strain as it calls into question the inerrancy of scripture, and by consequence God who inspired it. If she voices such concerns she may be shunned, ecclesially punished or cast as spiritually weak and immature, which may conceivably lead to feelings of worthlessness, powerlessness, and isolation. In such a case, religion may be comforting and an integral part of her daily life as well as a source of psychological strain.

*Original sin and depression.* One of the byproducts of religious strain is depression. The research literature shows that feelings of alienation from God, produced by unfavorable appraisals of self, world, and others, is a major predictor of depression (Exline, 2002; Exline et al., 2000). This phenomenological experience of separation from God largely revolves around the schemata of sin-as-state and sin as act since both separate the individual from God. Therefore, while sin separates in an expulsing manner holiness separates in an inclusive manner; for the verb *to sanctify* literally denotes separation to or for God. When exacerbated, these feelings of expulsion may become sources of strain and the striving for holiness itself may become the exacerbating factor. Exline (2002) explains: “With increased devotion and commitment to a religious system, people are likely to find more and more areas of their lives that are imperfect. Depending on how such failures are attributed, they might prompt negative outcomes such as self-condemnation, hopelessness...” (p. 188).

An example of this is case studies that indicate that some religious individuals who believe in original sin self-judge and self-punish more so than others leading to higher rates of depressive symptoms (Sexton and Maddock, 1984). Moreover, the

perceived estrangement between oneself and God is primarily carried out by what was referred to above as engagement in the ontological problem or what Pargament (1997) calls a *one-sided solution* (p. 320). A one-sided solution is an aspect of negative religious coping that involves *negative religious framing*. In an attempt to maintain the benevolence of God religious persons may impute wrongdoing to the self by highlighting their sinful state and sinful acts. This is consistent with findings that religious individuals tend to consider positive self-attitudes incongruous with true piety (Branden, 1994; Watson, Hood, Morris, and Hall, 1985). The findings of MacDonald and Luckett (1983) who examined the relationship between religious affiliation and psychiatric diagnoses in 7,050 psychiatric outpatients is suggestive of the issue at hand. These researches found that patients belonging to fundamentalist churches (i.e., Church of the Brethren, Amish, Mennonite, Assembly of God, Bible Church, Missionary Church, Church of God, Pentecostals, Church of the Nazarene, Free Methodist, Salvation Army, Brethren in Christ, Wesleyan Methodist, Baptist, A.M.E., Faith Mission, Faith Tabernacle) led all other groups in depression diagnoses. Again, such findings are not indicative of religion as pathology; rather they suggest that undiscovered relationships exist between specific religious variables and depression. Theory and research intimates that a rigid belief concerning original sin may be one of these variables.

### *The Influence of Authority Figures*

*Initial distinctions.* Perhaps no greater mediation of God's perceived acceptance, rejection, benevolence, and malevolence exists in the believer's life than what is conveyed by parents, clergy, and religious institutions. The psychological mechanisms by which these authority figures inform and sustain a person's God-

representation are of great import for this analysis—note that I employ the term *God-representation* rather than *God-concept* due to Meissner’s (2009) recent elucidation that the former refers “specifically to the intrapsychic object representation” whereas the latter is a generalized term that embraces “all conceptualizations” of the meaning of divinity (p. 216).

Another distinction of import when dealing with God-representations concerns theorizing derived from attachment theory (Bowlby, 1969; also see Ainsworth, 1969). While there is some lapping in thematic material with object relations theory, such as the importance of the parent-child relationship, the formation of *internal representations* and *internal working models*, and separation anxiety, Ainsworth (1969) and others (also see Granqvist & Kirkpatrick, 2008) agree: “Although they overlap somewhat in their connotations, these terms are not synonymous” (p. 969). Subsequently, this complicates interpretation of research conducted in the area of attachment and God-concepts vis-à-vis object relations theory. Nonetheless, there are two theoretical attachment theory constructs that may prove useful when thinking about God-representations from an object relations vantage point: *compensation* and *correspondence* (Granqvist & Kirkpatrick, 2008). The compensation hypothesis postulates: “God may provide a kind of attachment relationship one never had with one’s parents” (Ibid., p. 915). This is akin to saying that a person’s God-representation has been invested with the counter-characteristics of a negligent parental figure whose presence, protection, and unconditional love is deeply desired and wished for such that the representation is that of an omnipresent, omnipotent, and all loving God. The correspondence hypothesis, on the other hand, posits:

Individuals who possess positive or “secure” generalized working models of

themselves and their attachment figures may be expected to view God and other deities in similar terms. Likewise, an “avoidant” attachment may be expected to manifest itself in the religious realm as agnosticism or atheism, or in a view of God as remote and inaccessible. Finally, an “anxious” or “ambivalent” attachment may find expression in a deeply emotional, all-consuming, and “clingy” relationship to God (Ibid., p. 916).

This is comparable to the object relational thought that one’s God-representation corresponds with those of the parental objects’, which are always experienced within the context of relationship. Due to their overlap with classical psychoanalytic thought as well as object relations theory, this author will employ these terms where deemed appropriate with the caveat that they are used loosely.

*Ontogenesis of god-representations: An object relations approach* The very thought and utterance of the word “God” invokes a myriad of visceral associations. Indeed, it can be cogently argued that these associations are as numerous and diverse as the individuals who possess them. The German philosopher Ludwig Feuerbach (1841/1989) stated: “Our positive, essential qualities, our realities, are therefore the realities of God, but in us they exist with, in God without, limits” (p. 38). On a pun of Genesis 1:27— “So God created humankind in his image, in the image of God he created them...” (NRSV)— Freud (n.d.), in *Psychopathology of Everyday Life*, similarly asserted: “...man created God in his own image” (p. 21). The common thread being that each individual unconsciously projects onto his/her personal God the very things s/he is not, a sort of compensation approach. In doing so one creates a God according to one’s needs, desires, and wishes (Meissner, 2009). Moreover, one invests this God with the

personal qualities of the primary objects that one experienced as a child (Rizzuto, 1979).

The emergence of the God-representation has been posited as belonging to the transitional space in which the internalized parental imagos come to serve as the bedrock for this *illusory transitional object* (Rizzuto, 1979; Winnicott, 1953). D. W. Winnicott (1953) posited that it is not enough to describe the human experience in terms of the duality of an inner and outer life. In fact, Winnicott compellingly argued that the existence of an intermediate, unquestioned space of experiencing “to which inner reality and external life both contribute” (p. 90). In addition, he described this transitional space as a place of psychological respite (Ibid.), a region in which “illusory experiences” are allowed to take place. In their adult form these illusory experiences are “inherent in art and religion...” (Ibid). Similarly, Meissner (1984) argues that the experience of faith is also an intermediate space not pertaining concretely to the objective or subjective realms of human experience; rather faith is influenced by both of these realms, which surround and exert themselves upon it. In addition, Winnicott (1953) indicated that these illusory experiences, which can take on the form of transitional objects themselves, serve to mitigate anxiety, “...especially anxiety of [the] depressive type” (p. 91). Furthermore, he stated that the transitional object “continues to be absolutely necessary...at times of loneliness or when a depressed mood threatens” (Ibid.). Therefore, there is an intermediate space that humanity comes to inhabit when it is psychologically taxed. This space is value and judgment free and the phenomena that occur within it are perceived as comforting. Notwithstanding, the cogency of the psychological mechanisms by which the God-representation comes to inhabit the transitional space is argued to be secondary to a more primal experience.

The evolution of the God-representation is presupposed to originate primarily in the symbiotic phase of child-development, in the experiences of existential transformations described by Bollas (1993): “This is a primary transformation: emptiness, agony, rage, become fullness and connectedness. The aesthetics of this experience is the particular way the mother meets the infant’s needs, the manner in which she transforms his internal and external realities” (p. 42). According to Meissner’s (1984) *developmental schema* of the religious experience, the infant’s mirroring phase, in which it experiences “mother as a loving and caring presence” through her ministrations, positively affects the infant’s future “relationship to God” (pp. 138-139). However, if the infant is deprived of admiration, recognition, and physical embrace it may feel disconnected, abandoned, and utterly lost in later development. Consequently, its God-representation may bear these same characteristics. Meissner further elucidates this point via Eriksonian theory:

To the extent that the child’s early experience with the mother has tipped the balance in the direction of more positive and gratifying experiences, a basic sense of trust is laid down that provides a foundation for the later development of a sense of trusting faith in the relationship to God. Where early infantile experience is discolored with insecurity, uncertainty, or anxiety, the foundation is laid for a basic mistrust that can contaminate and distort the later experience of God (p. 140).

Such is a prime example of the correspondence hypothesis. Research by Justice and Lambert (1986) with 162 inpatient, non-psychiatric patients and 34 Sunday School attendees suggests that persons with neglectful and abusive parents “tend to have a more

negative concept of the personality of God” (p. 170). Balthazar’s (2007) research amongst Caribbean religious suggests persons whose fathers have been absent, inconsistent or abusive tend to have feelings of “mistrust, confusion, deprivation, neglect, alienation,” as well as despair in relation to referring to God as “Father” (p. 549). More recently, Reinert and Edwards (2009) found that conceptions of God as aloof, regulating, and unloving were associated with parental verbal, physical, and sexual abuse among college students. In addition, Goodman and Manierre (2008) tell the story of a patient with borderline personality disorder enrolled in their psychoanalytically oriented spirituality group:

One of the group leaders asked whether Jasmine had created God in her parents’ image. She answered that maybe she had, since it was hard to trust God and others when all the people in her life had been untrustworthy (p. 8).

Rizzuto (1979) also comments on the importance of a person’s experiences of transformational experiences, or lack thereof, in infancy as these imbue our God-representation in healthy and unhealthy ways:

The child’s and the adult’s sense of self is affected by the representational traits of the individual’s private God. Consciously, preconsciously, or unconsciously, God, our own creation, like a piece of art, a painting, a melody...will, in reflecting what we have done, affect our sense of ourselves (p. 179).

Shafranske (1992) adds:

The presentation of the transformational object as a model for certain aspects of God-representational processes does not discount or supplant the role of transitional phenomena in God-representations but rather suggests constituents of

religious experience that have their origin in psychological events prior to the transitional period, prior to the child's more comprehensive grasp of the parents as psychological objects (p. 62).

Perhaps some elucidation of the developmental workings of the transformational object in regards to the forming of God-representations would be instructive.

Mahler (1975) contends that *normal symbiosis* begins at about the postnatal two-month mark when the infant becomes dimly aware of its mother. However, due to the primitive nature of the nascent child's ego the mother operates as its extension. In doing so she exercises the ego's regulatory function transforming the inner and outer reality of the infant; mother *is* the "other" self" (Bollas, 1987, p. 13). Consequently, the infant does not know its mother as a reified object whose ministrations are providentially iterative, "but as a recurrent experience of being—a more existential as opposed to representational knowing" (Bollas, 1987, p. 14; also see Bollas, 1993). According to Shafranske (1992), there exist salient moments within the emerging infant's consciousness that inform its existential knowing. These moments, called *vitality affects*, are what the infant experiences as transformative occurrences:

Out of the circumstances of distress comes comfort, out of arousal comes calm, out of disquiet comes quiet, out of physical discomfort comes soothing, out of cold comes warm, out of wet comes dry, out of hard comes soft, out of empty comes full, out of hungry comes satiation (p. 64).

Experientially, these processes are the transformational phenomena that facilitate the "metamorphoses of the self" (Bollas, 1987, p. 14); they are that which signify the true transformational object—the parental dyad.



It appears that Mahler (1975) intimates the importance of the transformational when she states: “The infant’s inner sensations form the core of the self. They seem to remain the central crystallization point of the ‘feeling of self,’ around which a ‘sense of identity’ will become established” (p. 17). Hence, *mnemic traces* of both early positive and negative visceral experiences inform the infant’s psychic organization concerning the self and others. In a related vein, Mahler also emphasizes the importance of total body experiences— such as holding and playing-with as well as the degree of tension applied to the muscles when engaging in such activities— as moderators of the degree, strength, and quality of symbiosis. What Mahler seems to be saying, in Bollasian terms, is that mother *qua* process of transformation plays a crucial role in the quality of the infant’s burgeoning pre-verbal memory. According to Shafranske (1992), prior to differentiation and movement into the transitional space the child transforms these pre-verbal memories into representational objects that reflect its primitive understanding of what it means to be-in-the-world.

Following, the acquisition of language, even rudimentary language (e.g., babbling), marks a significant advance in the manipulation of a new transformational object and its migration into the transitional space. Bolas (1987) states:

With the infant’s creation of the transitional object, the transformational process is displaced from the mother-environment (where it originated) into countless subjective-objects, so that the transitional phase is heir to the transformational period, as the infant evolves from experience of the process to articulation of the experience (p. 15).

In other words, it is at this point in human development where the purely experiential is conjoined with more sophisticated cognition. Yet it is also with the advent of language that the *omnipotent system* is loosed, thus allowing the infant to project itself out further into the world of objects (Bollas, 1993; Mahler, 1975). The infant now possesses words as tools by which it may transform its affective states (Bollas, 1993). Finally, it must be recognized that developmentally, the transformational object has no “half-life.”

Therefore, “object-seeking in adult life...manifests itself in the person’s search for an object (a person, place, event, ideology) that promises to transform the self” (Ibid., p. 14), something known as the *aesthetic experience* (Bollas, 1993).

Bollas (1993) describes the aesthetic experience occurring “as *moment*” (p. 40). Meaning, it is apprehended *outside* the typical time-space referent we often mindlessly inhabit. This moment is not so much cognitively known as it is existentially known; it is truly the *unthought known* (Ibid.). It seizes and posits the self reverentially and symbiotically with-the-Other. Moreover, the aesthetic moment is the amalgamation of pre-verbal memories that: hold as mother held, sooth as mother soothed, and transform as mother transformed. “The aesthetic experience is not something learned by the adult,” says Bollas (Ibid.), “but is an existential recollection of an experience where being handled by the maternal aesthetic made thinking irrelevant to survival” (p. 43).

Milner (1993) states:

I have often noticed, when in contact with children playing, that there occurs now and then a particular type of absorption in what they are doing, which gives the impression that something of great importance is going on... I used to wonder

what a child, if he or she had sufficient power of expression, would say about these moods, how the child would describe them from inside (p. 17).

The “absorption” that Milner reflects upon is the rapture of the aesthetic moment. Milner posits that in this moment the individual unconsciously mobilizes the illusion that the novel experience is the primal experience, consequently fusing both experiences. Hence, when “finding” the lost [transformational] object occurs, ecstasy occurs. Therefore, one searches for the aesthetic of transformation, among other things, by seeking “faith in a deity” (Bollas, 1987, p. 17). Erikson (as cited in Meissner, 1984) describes the transformational object when speaking of regression and partial regression: “At their creative best, religion retraces our earliest inner experiences, giving tangible form to vague evils, and reaching back to the earliest individual sources of trust” (p. 264). It is in the rapture of the religious moment that one seeks to be ecstatically transformed.

As stated earlier, the God-representation of the individuated child is the evolutionary product of its displaced transformational object (Shafranske, 1992). However, one essential piece of the psychic puzzle is still missing—the formation of the super-ego.

*The super-ego and god-representations.* The role of the super-ego in the formation of God-representations requires consideration due to its subsequent involvement in informing the role authority figures, such as clergy and religious institutions play in a person’s life. Freud (1923) placed great emphasis on the early identifications between the child and its parents stating that they would be “general and lasting” (p. 31). For example, Dickie, Eshleman, Merasco, Shepard, Vander Wilt, and Johnson’s (1997) studies with children ages 4-11, regarding parent-child relationships

and God-representations, suggests that parental identification greatly influences “perception’s of God’s nurturance” (p. 40). Specifically, a child’s identification with its nurturing same-sex parent (i.e., boys with their fathers and girls with their mothers) was the best predictor of God’s perceived nurturance (Ibid.). According to Freud (1923), what is central to the child’s identification with the parental objects is the resolution of the *Oedipus complex*. While it may seem passé to speak about the oedipal complex, it is indeed theoretically necessary to do so in order to more fully understand the mechanisms by which the super-ego comes into being and its relation to the analysis at hand.

Freud (1923) theorized that the oedipus complex is preceded by the child’s *cathexis*, or libidinal (i.e., psychic energy) investment, to its opposite sex parent (English & English, 1958). This libidinal investment represents “an object-choice” that is present due to the child’s dependency on the parent (Freud, 1923, p. 31). However, the parent to which the child does not cathect is usually the object the child *identifies* with. In other words, the child seeks to become like its parent by identifying with him/her (English & English, 1958). Therefore, if an infant male cathects to his mother he typically identifies with his father and vice-versa. However, Freud asserted that as the child’s cathexis to its parent intensifies its identification with the remaining parent at first becomes pugnacious and ultimately ambivalent; this is the pivotal juncture of the oedipal complex. In order for the complex to be resolved the child’s “object cathexis...must be given up” (p. 32). In its stead Freud posited that the child intensifies its identification with the identified parent, which allows “the affectionate relation” to its decathected parent to be partially preserved (p. 32).

According to Freud (1923), the resolution of the oedipus complex causes a splitting off of the ego into a structure that contains the intensified identification with the parental object as well as the decahcted parental object. This structure is the *ego ideal* or *super-ego*. Recent research by Birky and Ball (2001) concerning the role parental representations play in the formation of the God-representation suggest that “a parental composite” [God-representation] more closely resembles the individual’s God-representation than “singular parent representations” (p. 134): “Given that the parental composite was assumed to incorporate the salient attributes of both the idealized and (to a lesser degree) the nonidealized parent, the composite representation was...more closely correlated with the God representation than was either parent separately” (p. 134). While not addressing the issue of the internalization of parental representations via the formation of the super-ego, such research seems to find some parallels with Freud’s theory. Freud makes it clear that in addition to this process there is an “energetic reaction formation” that occurs within the super-ego to guard against previous libidinal investments (p. 34). Due to Freud’s assertion that the super-ego’s main task during early childhood is to repress the oedipus complex, the strength and speediness with which this occurs determines the harshness of the super-ego over the ego in later life. Specifically, “the more powerful the Oedipus complex was and the more rapidly it succumbed to repression...the stricter will be the domination...” (pp. 34-35). In addition, Freud identifies authority figures, “religious teaching, schooling and reading” as mechanisms of influence that facilitate such repression (p. 34). Subsequently this process reveals several consequences of theoretical import.

Firstly, the super-ego has now become the “representative of the internal world, of the id,” thus representing the psychical (p. 36). Secondly, the foregoing also makes possible the “taking in” of the representation of the child’s relationship to its parents. Freud pinpoints the “higher, moral, supra-personal side of human nature” within this process because of the parental attributes that the child reverentially admired, feared, and quite literally looked up to (p. 35). This is why Freud (as cited in Rizzuto, 1979) asserted: “God himself is after all only an exaltation of this picture of a father as he is represented in the mind of early childhood” (p. 31). Rizzuto comments: “This, the oedipal complex, the formation of the superego, and the formation of the inner world eventuate in a final psychological process, namely, the transmutation of the paternal imago into the God image” (pp. 30-31). What this entire process also posits is that as a child matures other authority figures, such as clergy, take on the parental role and “their injunctions and prohibitions remain powerful in the ego ideal and continue, in the form of conscience, to exercise the moral censorship” (Freud, 1923, p. 37).

*Influence of clergy on parishioners.*                      A review of the psychological literature concerning the influence “ordinary” clergy have on the attitudes and beliefs of “ordinary” parishioners is virtually non-existent. This is not to say, however, that such influence cannot be intimated via research in peripheral areas of study. Over the past thirty years clergy have been considered “frontline community health workers” as parishioners have often chosen to see their pastor over a mental health professional for psychiatric concerns such as major depressive disorder, dysthymia, bipolar disorder, schizophrenia, obsessive-compulsive disorder, phobias, as well as various personality disorders (Weaver, 1995, p. 129). In fact research by Schindler, Berren, Hannah, Beigel,

and Santiago (1987) suggests that clergy rank higher than non-psychiatric physicians (i.e., primary care physicians) in treating mental health disorders among parishioners—third only to psychologists and psychiatrists. In addition, clergy were perceived as being more warm, caring, stable, and professional than psychiatrists, psychologists and non-psychiatric physicians (Ibid.). Perhaps, then, it is not surprising that past research has shown that as many as 40% of Americans seek pastoral counseling in times of psychological distress (Weaver, 1995). In the words of Weaver (1998), clergy “are among the most trusted professionals in society” (p. 349). While cost, availability, and religious beliefs about secular psychology may account for some of the variability in the relationship between parishioners with mental health concerns and the large numbers of them that seek counseling services from clergy, it stands to reason that there may be at least one other factor at play: clergy, as trusted authority figures, exert a considerable amount of influence and power over their respective flocks.

The relationship between clergy and parishioners has been described intra and extra-biblically as one between a shepherd and his flock. Foucault’s (2000b) analysis of *pastorship* is of theoretical import in considering the influence of clergy on parishioners. He states: “If the state is the political form of a centralized and centralizing power, let us call pastorship the individualizing power” (p. 300). Foucault’s classification of pastorship as “individualizing power” refers to the pastor’s depth of knowledge concerning the flock. No longer is it enough for the pastor to know the general status of the flock, he must know about the public and private sins of each member of the flock. In order to do so, self-examination and awareness of one’s conscience have become the tools of pastoral influence or power:

On one hand, conscience-guiding constituted a *constant bind* [italics added]: the sheep didn't let itself be led only to come through any rough passage victoriously, it let itself be led *every second* [italics added]. Being guided was a state and you were *fatally lost* [italics added] if you tried to escape it... As for self-examination, its aim was [to]... enable it to open up *entirely* [italics added] to its director—to unveil to him the depths of the soul (Ibid., p. 310).

Or as Foucault (2000c) also put it: "...this form of power cannot be exercised without knowing the inside of people's minds, without exploring their souls, without making them reveal their innermost secrets" (p. 333). According to Foucault (2000b), self-examination and conscience have as their end the individual's daily mortification.

Certainly, the pastor, the priest, the shepherd exerts influence in his/her stead of the Divine (Bjarnason & Welch, 2004). Milgram (1974) describes how persons "allow" themselves to be led in the presence of such an authority figure:

The most common adjustment of thought in the obedient subject is for him [*sic*] to see himself as not responsible for his own actions. He divests himself of responsibility by attributing all initiative to the... legitimate authority. He sees himself... as the agent of external authority (pp. 8-9).

In their work on *fundamentalism* and *authoritarianism* Altemeyer and Hunsberger (2005) show that religious fundamentalists have a high propensity of being right-wing authoritarians. Research suggests that this is due to familial upbringing where the child is taught "authoritarian submission, authoritarian aggression, and conventionalism" (p. 390). Consequently, such persons learn that religious rules, codes, and forms of governing behavior are not to be questioned for God has instituted them. In addition,



God's representatives are to be fully obeyed. If the parishioner questions ecclesial authority, the infallibility of scripture or any pre-established rules of spiritual governance they are in danger of the flames of hell. Case and point is made by one of Goodman and Manierre's (2008) participants in their psychoanalytically oriented spiritual group for person's with borderline personality disorder:

Jasmine explained that...her parents and the Catholic Church told her how to think, act, and feel and what she should believe about God. She thought she would be going to hell for all the mortal sins she had committed... Jasmine explained that she would like to stop believing in the Catholic religion but would first need permission from her priest (pp. 7-8).

It may be argued that Jasmine's perceptions of her familial and religious upbringing are distorted due to her psychological difficulties. The question then becomes whether or not clergy influence can be found at more mundane levels of human activity and in persons who do not have psychiatric disorders. Additional research suggests that as authority figures clergy indeed influence the political beliefs of their parishioners. For example, Bjarnason and Welch's (2004) multilevel analysis of parishes, priests, and parishioners' attitudes regarding capital punishment suggests: "...the priest appears to influence the death penalty attitudes of parishioners both through his structural position as the mediator between the church hierarchy and lay parishioners and in his capacity as an individual spiritual leader of the community" (p. 115). Similarly, Smith (2005) concludes that clergy may indeed influence parishioners' political attitudes. He argues that the mechanism by which such influence is effective lies with the ideology the clergy person chooses to emphasize.

What the foregoing sections intimate is that upbringing or familial environment plays a significant role in psychological well-being. In addition, they also suggest that personal God-representations are influenced primarily by one's parents. However, authority figures, such as clergy and religious institutions, also have the ability, as surrogate parents, to re-enforce or alter existing God-representations during later life. Furthermore, it also stands to reason that a person's God-representation influences psychological well-being through super-ego function. In other words, the harsher the person's God-concept the harsher the person's super-ego and the greater the likelihood that the person's psychological well-being may be adversely affected.

#### *Anxiety and Scrupulosity*

*Definitions and distinctions.* Anxiety is rooted in fear (Loewenthal, 2007); specifically, "fear in the absence of obvious danger" (PDM Task Force, 2006, p. 96). Therefore, according to the DSM-IV-TR (American Psychiatric Association, 2000) the nosology of *anxiety disorders* includes: panic attack, agoraphobia, panic disorder with/out agoraphobia, agoraphobia without history of panic disorder, specific phobia, social phobia, obsessive-compulsive disorder, posttraumatic stress disorder, acute stress disorder, generalized anxiety disorder, anxiety disorder due to a medical condition, substance induced anxiety disorder, and anxiety disorder not otherwise specified. When grouped together it is relatively easily to see that fear imbues the phenomenological presentation of the aforementioned states or conditions. Of interest to scholars in the psychology of religion is *how* religion influences anxiety as research suggests that analogous to any cultural force religion has the potential to ameliorate or intensify anxiety (Pressman, Lyons, Larson, & Gartner, 1992; Steketee, Quay, & White, 1991).

A review of the literature highlights the special attention Obsessive-Compulsive Disorder (OCD) has received over the past century, though it is acknowledged that fields such as philosophy, theology, and pastoral care have long studied this phenomenon. More specifically, what has intrigued researchers since the time of Freud is the saliency religious themes, particularly those of sin and punishment, occupy in OCD. Indeed, religious obsessions ranked in the top five most common obsession motifs in the DSM-IV field trial for OCD (Foa, Kozak, Goodman, Hollander, Jenike, & Rasmussen, 1995). *The persevering preoccupation regarding fear of sinful thoughts and behaviors that may engender severe punishment from God, as well as the subsequent urge to neutralize such anxiety by engaging in religious rituals or in extensions of typical religious expressions* is a subtype of OCD known as *scrupulosity* disorder (Abramowitz, 2008; Abramowitz, Huppert, Cohen, Tolin, & Cahill, 2002; Miller & Hedges, 2008). Epidemiological research suggests that approximately 2 to 3 million American adults struggle with OCD (Kessler, Chiu, Demler, & Walters, 2005; Williams, Powers, Yun, & Foa, 2010). In addition, the lifetime prevalence of OCD is estimated at 2.5% with symptom formation in adolescence or early adulthood (American Psychiatric Association, 2000; Rasmussen & Tsuang, 1986). Furthermore, research suggests that approximately 5% -33% of the 2 to 3 million Americans that suffer from OCD “actually or simultaneously” struggle with scrupulosity disorder (Miller & Hedges, 2008, p. 1043). Therefore, we can estimate that approximately 100,000 up to 990,000 American adults suffer from scrupulosity disorder, though researchers and clinicians alike argue that persons who struggle with religious obsessions and compulsions may be more common than what research suggests (Abramowitz et al., 2002).

*OCD and scrupulosity.* The distinguishing features of OCD are obsessions (i.e., intrusive thoughts) that cause significant anxiety and engender subsequent neutralizing rituals that are intended to assuage the person's anxiety (Steketee et al., 1991). To be clear, *intrusive thoughts* is the stuff or substance of obsessions; therefore, *obsessions* may be defined: "...intrusive, repetitive thoughts, images or impulses that are unacceptable and/or unwanted and give rise to subjective resistance..." (Rachman, 1997, p. 793). In addition, research suggests that while approximately 53% of persons with OCD report both obsessions and compulsions, roughly 32% only report obsessions and only 14 % report engaging in neutralizing behavior (Rachman & De Silva, 1978). In fact, current research lends supports to these findings among persons with scrupulosity disorder (Miller & Hedges, 2008). Consequently, much attention has been paid to the nature and phenomenology of intrusive thoughts in OCD and scrupulosity.

Research suggests that the vast majority of "normal" individuals experience obsessions or intrusive thoughts. In addition, such cognitions do not significantly differ in content or form from those experienced by persons with OCD (Abramowitz, 2008; Rachman & De Silva, 1978; Sica, Novara, & Sanavio, 2002). Indeed, research suggests that even seasoned clinicians cannot readily discern between clinical and non-clinical obsessions (Rachman, 1977). Primary obsession themes include: sex, aggression, and blasphemy or doubts concerning religious beliefs (Abramowitz, 2008; Osborn, 2008; Rachman, 1997). In addition to differing in frequency, intensity, distress, and length, everyday obsessions become tenacious and clinically significant when they are invested with personal meaning that is based upon "catastrophic misinterpretations" (Rachman, 1997, p. 793; Abramowitz, 2008; Rachman & De Silva, 1978). The Obsessive

Compulsive Cognitions Working Group (1997) has identified six prominent obsessive-compulsive belief domains that fall under the rubric of catastrophic misinterpretations: (1) inflated responsibility—e.g., “I often think I am responsible for things that go wrong” (p. 678); (2) overimportance [*sic*] of thoughts—e.g., “My intrusive thoughts reflect my true nature” (ibid.); (3) excessive concern about the importance of controlling one’s thoughts—e.g., “I would be a better person if I gained control over my thoughts” (Ibid.); (4) overestimation of threat—e.g., “I believe that the world is a dangerous place” (Ibid.); (5) intolerance of uncertainty—e.g., “If I’m not absolutely sure of something, I’m bound to make a mistake (Ibid.); and (6) perfectionism—e.g., “For me, failing partly is as bad as failing completely” (Ibid.). For persons struggling with scrupulosity, obsessions and catastrophic misinterpretations play a primary role in the maintenance of the anxiety disorder. Common religious obsessions include: committing sins, blasphemy, hell, God’s punishment, sex, and aggression (Abramowitz, 2008; Abramowitz et al., 2002; Miller & Hedges, 2008; Steketee et al., 1991). Yet perhaps the most pernicious cognitive distortion that fosters obsessions in both OCD and scrupulosity is *thought-action fusion* (TAF).

According to Rachman (1997), TAF is a “cognitive bias” that may take on two forms (p. 795). The first is akin to magical thinking where “the belief that having an unacceptable thought may actually influence the probability that the adverse event will occur,” and the second is akin to “as-if thinking” where “the belief that having a repugnant unacceptable thought is morally equivalent to carrying out the relevant action” (pp. 795-796). The former aspect of TAF has been termed *TAF-Likelihood* by Muris, Meesters, Rassin, Mercklenback, and Campbell (2001) and has been expanded to

describe two variant types of TAF: (1) TAF-Likelihood Self—the likelihood that one will experience a particular occurrence due to one’s unacceptable thoughts; and TAF-Likelihood Others—the likelihood that others will experience a particular occurrence due to one’s unacceptable thoughts. In addition, Muris and colleagues termed the latter type of TAF, *TAF-Morality*. In essence TAF-Morality retains Rachman’s (1997) sentiment in that it “pertains to the belief that unacceptable thoughts are morally equivalent to overt actions” (Muris et al., 2001, p. 844). Rasmussen and Tsuang (1986) report that subjects in their study with sexual and aggressive obsessions were unable to clearly distinguish between having a scurrilous thought and enacting it. In addition, research concerning TAF, OCD and religiosity suggests that fundamentalist Christianity may foster TAF, therefore these parishioners may be at greater risk for developing scrupulosity disorder (Rassin & Koster, 2003).

In their validation of the Penn Inventory of Scrupulosity (PIOS) in a non-psychiatric sample of college students, Abramowitz and colleagues (2002) report that protestant Christians of both high and low religiosity scored higher than Catholic Christians, Jews and persons of other religious faiths on both PIOS subscales respectively (i.e., *fear of sin* and *fear of God*). However, they registered higher scores on the fear of sin subscale. The authors conclude that such findings may be the result of the high premium protestant Christians place on the morality of their thoughts. Similarly, Cohen and Rozin (2001) conducted a series of four studies investigating the importance Jewish and protestant persons attribute to the morality of their thoughts. They correctly observe: “Christian dogma holds that mental events related to actions are in some sense *equivalent* [italics added] to the action itself” (p. 698). The main results of their studies are

instructive: (1) Protestants lent significantly more import to thoughts when making moral judgments; (2) Protestants believed that thoughts concerning unacceptable actions are more governable; and (3) Protestants believed that immoral thoughts are more likely to be enacted. More recently Rassin and Koster (2003) set out to measure the association between TAF and religiosity among a non-psychiatric sample of Dutch and Belgian undergraduates. Results indicated that protestant Christians scored higher on measures of religiosity and the TAF-Morality scale than Catholic Christians and atheists. Rassin and Koster conclude: “By and large, these findings confirm the idea that religion embraces certain cognitions that are, in clinical literature, considered to be associated with obsessional complaints” (p. 366). In their study of Italian Catholics with high, moderate, and low levels of religiosity Sica et al. (2002) also replicated earlier studies that suggest a positive relationship between religiosity and OCD. More specifically, they found that persons with medium and high levels of religiosity exhibited increased levels of obsessions vis-à-vis those with lower levels of religiosity. Moreover, results suggest that discriminating factors between low religiosity and moderate and high religiosity is the latter’s emphasis on the controllability and importance of cognitions—these are the mechanisms by which Sica et al. measured TAF. Therefore, “it is probable that only a few aspects of religious teaching (e.g., very high moral standards, inflexibility, prohibition, purity),” say the authors, “are linked to OC phenomena” (p. 821). Being that fundamentalist Christians also endorse the primacy of high moral standards, rigidity, prohibition, and purity it stands to reason that these results may be replicated among such parishioners. Indeed, research by Abramowitz, Deacon, Woods, and Tolin (2004) lend merit to such an assertion and further replicate findings that purport an association

between high levels of religiosity and obsessions via TAF. In an undergraduate non-psychiatric sample composed of 74.8% Baptists and Methodists, 16.7% Catholics, and 8.5% Atheists (14.3% indicated no religious affiliation), results suggest that highly devout protestant Christians possess more severe obsessions than other groups. In addition, highly religious protestants expressed a high degree of belief in the importance and controllability of their thoughts as well as in their responsibility for such thoughts. The authors conclude that protestantism may foster and perpetuate obsessions due to the fact that some thoughts are considered sins. For example, TAF may be cultivated by the literal interpretation of scriptural passages such as the following: “You heard that it was said, ‘You shall not commit adultery.’ But I say to you that everyone who looks at a woman with lust *has already* [italics added] committed adultery with her in his heart” (Matthew 5:27-28, NRSV). The conservative biblical commentator Adam Clarke (n.d.) interprets the passage to mean: “...God...takes the *will* for *deed*” (p. 73). In its context this passage is followed: “If your right eye causes you to sin, tear it out and throw it away; it is better for you to lose one of your members than for your whole body to be thrown into hell” (Matthew 5:29, NRSV). The literal interpretation of this pericope falls along the following lines: Thoughts are equivalent to overt actions. As such, God not only judges your actions, but your thoughts as well. Therefore, it would be better for you to take action and sever yourself from whatever causes these thoughts lest you should commit the action and sin or be thrown into hell by God for your sinful thoughts. Thus it is understandable how persons suffering from scrupulosity and OCD in general can feel “immoral, sinful, disgusting, dangerous, threatening...and criminal,” thereupon attempting to neutralize their unbearable anxiety in various forms (Rachman, 1997, p.



794). It is to these neutralizing phenomena that we now turn our attention.

The type of obsessions that have been addressed above are of the repugnant taxonomy (Purdon, 2008). According to Purdon, the rituals that tend to emanate from repugnant or unacceptable obsessions involve: (1) cognitions of goodness and safety; (2) engaging in inordinate amounts of prayer; (3) varying forms of checking, including “checking-by-proxy” (i.e., asking someone else to validate one’s worth or moral standing) (p. 62); and (4) avoidant behavior including thought suppression. The literature on scrupulosity reveals striking similarities to the aforementioned compulsions. For example, checking-by-proxy is often exhibited through rituals of confession. Under such circumstances the parishioner typically attends confession or seeks clergy advice, counsel, and reassurance in such a manner that is typically seen as disproportionate vis-à-vis the “sin” that is being confessed (Miller & Hedges, 2008; Sica et al., 2002). Another variant of this type of compulsion is that the parishioner may seek reassurance from loved ones and family members concerning matters of religion (Abramowitz et al., 2002; Steketee et al., 1991). In addition, parishioners with scrupulosity may engage in inordinate amounts of prayer often reciting particular phrases or petitions in an iterative fashion (Abramowitz et al., 2002; Miller & Hedges, 2008; Sica et al., 2002). Moreover, persons with scrupulosity may also become perfectionists regarding certain aspects of their religious tradition (Abramowitz, 2008).

Based on available research and the diagnostic method of the DSM-IV (American Psychiatric Association, 2000), Miller and Hedges (2008) have proposed a set of diagnostic criteria for scrupulosity:

(A) One or more of the following symptoms:

- (1) Excessive or inappropriate guilt or worry regarding moral or religious issues.
- (2) Excessive or inappropriate confusion or doubt regarding moral or religious issues.
- (3) Excessive or inappropriate rumination regarding moral or religious issues.
- (4) Excessive or inappropriate observance of moral or religious practices.
- (B) Symptom(s) cause clinically significant distress or impairment in religious, academic, work, or social functioning.
- (C) Symptom(s) do not occur exclusively during a mood, psychotic, or developmental disorder and are not better accounted for by another Axis I or II disorder.
- (D) Symptom(s) are unresponsive to authoritative guidance and reassurance when obtained (e.g., from parents or religious authorities).
- (E) Symptom(s) are not due to culturally accepted consequences of immoral behavior or are disproportionately excessive or enduring, as defined by the patient's cultural or religious group (pp. 1052-1053).

*Scrupulosity, original sin, god-representations, familial upbringing, self-forgiveness, and authority figures.* Is there research that suggests an association between scrupulosity disorder and the theological construct of original sin? Not directly and the likelihood that one factor alone could account for the varieties of scrupulosity is unlikely. In fact, scrupulosity has received comparatively little empirical research in comparison to other more well defined psychological phenomena (Miller & Hedges,

2008). However, since the phenomenological evidence suggests that preoccupation with sin is a defining characteristic of the disorder it stands to reason that religious teachings concerning sin may account for some of the variance in its complex equation (Abramowitz, 2008; Abramowitz et al., 2002; Miller & Hedges, 2008). Indeed, Miller and Hedges (2008) encourage future research to focus “on specific religious beliefs or thought-patterns rather than religiosity and religious affiliation...” (p. 1044). Moreover, Abramowitz and colleagues (2004), in their research on protestant religiosity and OCD, address the role that sin-as-state may play in OCD symptomatology: “Protestant doctrine encourages believers to view themselves as *inherently sinful* [italics added] and to pray for forgiveness of their sins, including sinful thoughts” (p. 75). Furthermore, research by Galek, Flannelly, and Porter (as cited in Flannelly et al., 2009) suggests that persons who hold the belief that human nature is inherently evil experience greater levels of anxiety than their counterparts who view human nature in a positive light. Lastly, Rachman’s (1997) *cognitive theory of obsessions* posits that persons who are “taught, or learn, that all of their value-laden thoughts are of significance will be more prone to obsessions—as in particular types of religious beliefs and instructions” (p. 798). This study posits that the theological construct of original sin is one of such religious beliefs when it is held rigidly and taught punitively. According to Ciarrocchi (1995): “Religion may contribute [to scrupulosity] when its content is presented in an overly harsh, punitive manner. Students of such presentations are likely to associate the content of the religious message with fear and anxiety” (pp. 8-9).

Ciarrocchi (1995) suggests that at minimum three distinct types of scrupulous behavior are distinguishable: (1) Developmental Scrupulosity; (2) Milieu-Influenced

Scruples; and (3) Clinical Scrupulosity. *Milieu-influenced scruples* is especially relevant for this analysis in that it provides a conceptual map for understanding how scrupulosity may be associated to degree of belief in original sin, God-representations, self-forgiveness, relationship to authority figures (i.e., clergy), and familial upbringing. In fact, familial upbringing and authority figures are the essential impetuses behind milieu-influenced scruples. According to Carrocchi, scrupulosity is pedagogical in nature. As such, scruples may be learned from our primary pedagogues: parents, clergy, and religious institutions. Since scrupulosity is engendered through fear those prominent authority figures whose teachings are steeped in fear may provoke strong fear responses. Subsequently, these fear responses may generalize “to the broader category of moral decision-making itself” (p. 121). Thus, it stands to reason that such a process may lead to inept views of the self, harsh and punitive God-representations, and difficulty forgiving oneself marked by ambivalent feelings toward parents and clergy—parents for not meeting the person’s early childhood needs and clergy for perpetuating and/or reinforcing the person’s fears and sense of psycho-spiritual neglect. Van Ornum’s (1997) research provides insightful qualitative data that speaks to these plausible associations. For example, a nurse being treated for scrupulosity speaks about her familial upbringing, God-representation, and clergy influence:

I grew up in a dysfunctional family. My father was probably alcoholic. My mother was unable to communicate love due to a deprived childhood. Both parents were honest and hardworking. When I was about fourteen I went to confession. The old priest picked on me and made me feel worse. He lectured me severely on avoiding scrupulous behavior. He told me not to repeat prayers...

When I was in my early twenties and had five children in five years, I went to a priest in confession. I requested permission to practice rhythm. The priest lectured me. He told me that God would provide and the school would remove the children daily from my care. He said I would create an occasion of sin for my husband. ‘Men are like boys and they masturbate. Then it will be your fault,’ the priest said... In recent years I have sorted out my relationship with God... I used to think he was an ogre, waiting to pounce on me and condemn me (p. 74).

Another female parishioner commented about the influence authority figures had on her life:

... I’ve suffered with scrupulosity for about thirty years now... My father was very rigid and he beat my mother. My mother was kind, compassionate, and loving—but she was not affectionate. There was no affection from my father. My sisters and I are close. One of them had scruples... Before two and one half years of psychiatric counseling for obsessive compulsive neurosis I had what I’d call a breakdown. I couldn’t function normally. I could not get my work here at home done. I’d go to bed at two or four in the morning. I washed my hands, arms, and legs. I feared germs or chemicals in the soap. The thought of fire terrified me... There may have been an underlying fear of dying and going to hell. I had a rigid priest for catechism class. I was a tender, emotional child and adult (p. 94).

A college teacher concerning the influence of clergy on his life stated: “I have never really been able to trust in the love of God. I am afraid that God will pull the carpet out from under me. This stems from being taught as a child, ‘God is watching you’ (p. 65).

He goes on to say:

The clergy stressed hell and damnation. My only rest from a tortured mind was sleep. I felt filthy and dirty and different. I believe that God had done his duty to punish me. Not once did a priest utter a kind word. I became bitter toward the clergy yet in complete awe of them (Ibid.).

Yet another female parishioner with scrupulosity said:

I'm always worrying about my relationship with God. Sometimes I trust him, sometimes not. Does he get angry when I don't? Trust is hard. A relative molested me when I was a child. My first husband beat me for twenty-two years. I broke every commandment. I remarried. I worry if the church approved my marriage. Some Christians say annulments don't count. Catholics say they do. What does God say? This confuses me. I cannot receive the sacraments. I'm always wrong. The Church forgives other sins, even adultery or murder. If you dare remarry, the church blacklists you. She denies the sacraments and Communion. You're always outside, looking in (p. 87).

And like these there exist countless examples of the implicit as well as explicit plausible associations between scrupulosity and the influence of authority figures (i.e., parents, clergy, and religious institutions) concerning doctrinal teachings that affect views of the self (i.e., original sin and self-forgiveness), and God-representations. Lastly, it is important to note, as in many of the aforementioned examples, that persons suffering from scrupulosity lead successful, productive lives (Abramowitz et al., 2002; Van Ornum, 1997). While this does not mitigate the seriousness of the disorder it aids in positing how certain religious persons may experience the phenomenon with relative

anonymity.

### *Depression*

*Definition.* Depression in its clinical manifestation seems to need no definition or further clarification due to its familiarity. In addition, its long role as the subject of extensive research has familiarized us with its “basic properties.” Nonetheless, for the sake of operationalization a brief review of the symptom criteria seems appropriate.

According to Beck (1967), depression may be defined along the following characteristics:

1. A specific alteration in mood: sadness, loneliness, apathy.
2. A negative self-concept associated with self-reproaches and self-blame.
3. Regressive and self-punitive wishes: desires to escape, hide, or die.
4. Vegetative changes: anorexia, insomnia, loss of libido.
5. Change in activity level: retardation or agitation (p. 6).

The only substantive difference between Beck’s conceptualization of depression and the DSM-IV (American Psychiatric Association, 2000) nosology is its caveat concerning symptom duration.

Despite the wealth of information that extensive research concerning depression has yielded, one finds substantial dearth of inquiry concerning the relationship between depression and religious variables (Loewenthal, 2007). One of the primary reasons for this paucity is that many researchers are not specifically investigating depression; rather, they are studying religiosity and *well-being*. Therefore, general practice in the field has been to employ “a range of measures of mental health, mental illness and distress” to provide them with very broad information instead of employing single construct measures of depression (Ibid., p. 60). Nonetheless, there is quality research available (see

Smith et al., 2003) that allows for some discussion concerning the plausible relationship between depression, original sin, religious fundamentalism, God-representations, familial upbringing, self-forgiveness, and authority figures.

*Depression, original sin, god-representations, familial upbringing, self-forgiveness, and authority figures.* As discussed previously in the section on original sin and depression, depression is a byproduct of religious strain or religious struggle (Exline, 2002; Exline et al., 2000). Part of what may contribute to depressive symptomatology in relation to the doctrine of original sin is self-reproach. Since cognitive factors that perpetuate a negative view of the self perpetuate depression (Beck, 1967; Loewenthal, 2007), it stands to reason that theological doctrines that undermine a person's self-worth may foster and in some persons exacerbate such views. For example, research by Schaap-Jonker, Eurelings-Bontekow, Verhagen, and Zock (2002), regarding God-representations and personality disorders, suggests that orthodox psychiatric inpatients with a diagnosable Axis II disorder are at more risk for becoming depressed "by religion" (p. 67). In this case it seems that persons with an existing psychiatric condition may have their current symptoms aggravated or new symptomatology may arise as a result of religious doctrine. However, due to the study's inpatient sample and the authors' final conclusion that their findings were a result of the patients' personality disorder(s), they conducted a similar study with a non-clinical sample (Eurelings-Bontekoe, Van Steeg, & Verschuur, 2005). In the follow up study, Eurelings-Bontekoe and colleagues concluded that "independent of personality...and psychological distress" (p. 151): (1) orthodox parishioners perceived God as more punitive and judge-like; and (2) depressive symptoms may result in "state-dependent negative feelings towards God"



(p. 152). Additionally, research by Baker and Terpstra (1986) may lend support to the notion that particular cultural factors, such as religious teachings, may account for more of the variance concerning attitudes and beliefs than pure personality factors.

Longitudinal data by Braam, Schaap-Jonker, Mooi, De Ritter, Beekman, and Deeg (2008) collected from non-psychiatric seniors over the span of thirteen years revealed that persons with negative God-representations exhibited greater depressive symptoms. In addition, the vast majority of the sample consisted of Calvinist Protestants, a cultural factor deemed important by the authors:

According to the Calvinist doctrine of predestination, salvation by God cannot be influenced by the individual. When someone feels abandoned or remote from God, the original Calvinist doctrine may trigger pessimistic expectations about the future, leading to hopelessness and depressive mood (p. 233).

Similar results concerning negative God-representations and increased depressive symptomatology have been reported by Greenway, Milne, and Clarke (2003). In a similar vein, Levin (2002) reports “a strong, statistically significant inverse association between a self-reported loving relationship with God and the presence of depressed affect” (p. 388).

Moreover, as will be discussed in a later section on self-forgiveness and psychological well-being, research consistently shows that lower levels of self-forgiveness are associated with increased levels of depression (Mauger, Perry, Freeman, Grove, McBride, & McKinney, 1992; Ross, Kendall, Matters, Wrobel, & Rye, 2004). Furthermore, regarding the relationship between depression and familial upbringing research suggests warm, nurturing parenting that leads to secure attachment in early

childhood is considered a protective factor against depressive symptomatology (see Ingram & Ritter, 2000). Finally, Malony (1998) commenting on fundamentalist protestants and mental health states:

The only other type of health worth considering, for this group, is *physical* health, which has nothing to do with spiritual health. There is no such entity as mental *health*, which is not synonymous with spiritual health. Those who are depressed or disturbed are disobedient to God's demands as gleaned from the Bible (pp. 205-206).

While research concerning the plausible associations between depression and original sin, God-representations, self-forgiveness, familial upbringing, and relation to authority figures may seem unconnected, to the contrary, they continue to lend theoretical evidence for a model of psycho-spiritual abuse. When considered separately they are simply pieces of “this” or “that” study or important factors that need to be taken into account when investigating depression, anxiety, etc. However, when examined as a whole there is an intuitive cohesiveness to them that suggests further study is both needed and warranted. Briefly, this may be espied from considering that both familial upbringing and religious affiliation are essential in identity formation, formation of God-representations, and of import in considering whether self-forgiveness is an acceptable practice based on issues if worth. In addition, theological constructs such as original sin are influenced by religious authorities, whose authority is an extension of parental authority, which in turn influences self-constructs and fosters or mitigates depressive symptoms. In one fashion or another, all of these variables are inextricably connected.

## *Shame*

*Definition.* Pattison (2000) begins his treatise on the ecology of shame with quotes gathered from everyday persons attempting to define this phenomenon. They include: “A feeling of being dirty, defiled, unwanted; Feeling demeaned and put on view;” and “Not being good enough” (p. 70). These lay descriptions embody the definitions provided by experts in the field who have defined shame. For example, M. Lewis (1995) defines shame: “...simply as the feeling we have when we evaluate our actions, feelings, or behavior, and conclude that we have done wrong. It encompasses the *whole of ourselves*” (p. 2). In addition, Kaufman (1996) characterizes shame as feeling “alienated and defeated, never quite good enough to belong. And secretly the self feels to blame; the deficiency lies within. Shame is without parallel a sickness of the soul” (p. 24). Furthermore, Tangney and Dearing (2002) distinguish shame from other constructs such as self-esteem by defining it as such: “Shame... is an emotion—an affective state. The *feeling* of shame involves a negative evaluation of the global self...” (p. 57). In short, shame may be defined as a painful emotion that arises from the subjective evaluation of the self by the self in relation to the self’s perceived failure(s)-in-the-world.

*The phenomenology of shame.* The aforementioned definitions afford several verities concerning shame and its phenomenology. The first verity concerns shame as an emotion. One of the difficulties in the scientific study of shame has been its confluence with the affect of guilt. According to Tangney and Dearing (2002) most persons never speak in terms of personal shame, rather in terms of guilt. For example, a person might express him/herself saying, “I felt so *guilty* when I realized what an inconsiderate person I’ve been,” when in fact s/he means that s/he feels ashamed (p. 11). In part this has much

to do with the parlance of popular culture, which confuses the constructs of shame and guilt and employs them interchangeably, as much as it has to do with the self-defense mechanism of denial (H. B. Lewis, 1971). Consequently, when persons speak about their disavowed shame they may use other affective adjectives to express what the self feels is incommunicable. These include feeling: lousy, tense, blank, fearful, enraged, sad, isolated, and/or being in a state of despair (H.B. Lewis, 1971; Kaufman, 1996; M. Lewis, 1995; Pattison, 2000). Many of these affective adjectives express a sort of paralyzing quality. This is not surprising given that one of the physiological symptoms of shame, intended to mask itself from gaze of others, is muscular paralysis (Kaufman, 1996; Pattison, 2000). Kaufman describes such paralysis as an *interruption* of the self that impedes speech and other corporeal movements. In addition, he pays special attention to the face describing three types of facial interruptions: (1) the “frozen face;” (2) the “head-back look,” which is a posture opposite of the typical “head hung in shame;” and (3) the “look of contempt,” which is meant to invoke fear of being shamed in the shamer (p. 20). This category of shame has been termed *overt, unidentified* or *overt, unacknowledged shame* by H. B. Lewis (1971, 1987a) and has been found to be prevalent among depressed individuals (Ibid.; Tangney, Wagner, & Gramzow, 1992).

The intense pain that accompanies the affective state of shame is due yet to another verity, that of self-judgment and criticism. This experience of shame is what H. B. Lewis (1971) calls *overt shame*. In overt shame the recognized object of attention is the global self. A useful way of conceptualizing the psychological dynamics of the shameful self is M. Lewis’ (1995) *cognitive attributional theory* or model. According to M. Lewis, shame is dependent on three criteria: (a) norms, standards, and goals; (b) the

evaluation of one's failure in meeting such norms, standards, and goals; and (c) the self's attribution in light of its failures and trespasses. Societal, familial, and institutional codes function as "internalized judges" (H. B. Lewis, 1987, p. 15; M. Lewis, 1995). When trespassed against the self experiences the critical gaze of these judges and feels exposed. In some instances the critical gaze may be experienced as the diminutive gaze of the other. Nonetheless, the fact that the painful experience is registered in the self by the self denotes the all encompassing devaluating experience of the self as both subject and object (Berecz & Helm, 1998; Kaufman, 1996; H. B. Lewis, 1987; M. Lewis, 1995; Pattison, 2000; Tangney & Dearing, 2002).

The subjective feeling of being seen is one of the primary characteristics of the shame experience (Pattison, 2000). Kaufman (1996) states: "To feel shame is to feel *seen* in a painfully diminished sense. Shame reveals the inner self, exposing it to view. The self feels exposed both to itself and to anyone else present" (p. 17). Such metaphorical nakedness autonomically produces blushing, increased perspiration, and tachycardia—indications that the self is threatened because it is on display (H. B. Lewis, 1987). Other phenomena of the exposed self include a bowed head, closed eyes, and the physical shrinking of the body through a drawing inward of the limbs (Ibid.). Shame-prone individuals have also described this latter phenomenon as the internal desire to hide, shrink, disappear, and even die (Tangney & Dearing, 2002). Consequently, it is not difficult to see how the subjective experience of exposure invokes self-criticism. The self interprets its transgressions as evidence of its inherent defectiveness, incompetence, deficiency, moral sickness, and unworthiness (Kaufman, 1996; Pattison, 2000; Tangney & Dearing, 2002). For the shame-prone individual these evaluative statements are not

merely descriptors of the human condition and its tendency to err; rather they are, or become, global, stable, internal self- attributions (M. Lewis, 1995; Tangney & Dearing, 2002). The self now says to itself, “I am no good; I am disgusting; I am inadequate; I am a failure” (Baldwin, Baldwin, & Ewald, 2006; M. Lewis, 1995).

*Shame, original sin, god-representations, familial upbringing, self-forgiveness, and authority figures.* While no experimental or observational studies exist addressing the direct relationships between shame and degree of belief in original sin, God-representations, and self-forgiveness there is psychological literature that posits an unhealthy relationship between these factors, albeit sparse. In the case of familial upbringing and authority figures, consensus seems to suggest that rearing in fundamentalist traditions whose inculcation of religious practices are overly introspective, punitive, and harsh may predispose children toward developing shame-prone selves (M. Lewis, 1995; Pattison, 2000). Consequently, the following attempt to link these predictors with shame is more representative of an amalgamation of research into a narrative of abuse than a circumscribed treatment of each particular predictor.

In more fundamentalist circles of Christianity there is a concept of God as monarchical, characteristically male yet disembodied, holy and pure in essence, rational and unemotional, and authoritarian who ultimately demands obedience and perfection from sinful humanity; or as Pattison (2000) puts it: “A shame-generating monster” (p. 241). This representation of God centers around the tenet that from the beginning humanity has failed to meet God’s standards. In its attempt to produce more religiously pious persons and aid humanity in closing the chasm between their real and ideal “Christ-like” selves, Christian dogma has highlighted the self’s shortcomings, failures, and

trespasses (Berecz & Helm, 1998; Pattison, 2000). Therefore, it stands to reason that such painful evaluations of the self may lead to self-attributions of inherent taint, worthlessness, and powerlessness (Ibid.). This occurs in two fundamental ways: (1) through an interpretation of the Adamic myth that degrades the body; and (2) through an understanding of the myth that regards God as the supreme panoptic (Foucault, 2000a) despot.

Philosophers, religionists, and psychologists alike have correctly noted that the Genesis account of humanity's trespass against God results in the literary account of a shameful self, in a shame-prone humanity (M. Lewis, 1995; Pattison, 2000; Ricoeur, 1967/1969). According to the Pauline-Augustinian theologian, shame is a symptom of the sinful state of humanity. The "proof" for such assertions resides in human corporeality.

...she [Eve] took of its fruit and ate; and she also gave some to her husband, who was with her, and he ate. Then the eyes of both were opened, and they knew that they were naked; and they sewed fig leaves together and made loincloths for themselves (Gen. 3:6b-7, NRSV).

And so they stood face to face naked before the other's gaze. The passage is filled with shame-imagery (Lewis, 1995). For the first time man and woman are self-conscious seeing themselves, in the other, for what they are. According to the biblical authors, this self-consciousness produces an immediate experience of shame such that who and what humanity is requires covering. The body with its reproductive organs, secretions of semen and blood, and excretions of urine and feces becomes the repository of shame (Pattison, 2000). The Lacanian, Marxist philosopher Zizek (Wright, Director)

underscores this point when discussing the *imaginary virtual*:

...there are things too embarrassing to be kept in mind all of the time. Like, I talk to you, of course rationally I know you are defecating, you are sweating, not to mention other things, but quite literally when I interact with you this is not part of the image I have of you. So when I deal with you I am basically not dealing with the real you. I am dealing with a virtual image of you...

Another way in which Fundamentalist Christian theology degrades aspects of the body regards sex (i.e., “male” versus “female”) and sexuality (see Hood et al., 2005). Dating back to the earliest decades of nascent Christianity the rabbinical literature promulgated an idea that continues to be voiced from pulpits worldwide: Sex engendered original sin and women are to blame (Noddings, 1989; Pagels, 1988; Tennant, 1903). This is noted in the psychological literature by Horney (1967) who begins her examination of the distrust between the sexes with the Genesis account of the fall:

First of all, woman’s capacity to give birth is partly denied and partly devaluated: Eve was made from Adam’s rib and a curse was put on her to bear children in sorrow. In the second place, by interpreting her tempting Adam to eat of the tree of knowledge as a sexual temptation, woman appears as the sexual temptress, who plunges man into misery. I believe that these two elements, one born out of resentment, the other out of anxiety, have damaged the relationship between the sexes from the earliest times to the present (p. 112).

The second century apologist Tertullian (as cited in Noddings, 1989) exclaimed:

Do you not know that each of you is Eve? The sentence of God on this sex of yours lives in this age: the guilt must of necessity live too. *You* are the Devil’s



gateway. *You* are the unsealer of that forbidden tree. *You* are the first deserter of the divine Law. *You* are she who persuaded him whom the Devil was not valiant enough to attack. *You* destroyed so easily God's image in man [*sic*]. On account of your desert, that is death, even the Son of God had to die (p. 52).

While the railings of the patristics may not be echoed as vociferously in most Sunday school classes or sermons, scriptural passages that equate women with sin have taken their place due to the fact that fundamentalists organize their ideologies, meaning systems, and moral standards around sacred text (Hood, Hill, & Williamson, 2005; Pagels, 1988). For example, it would not be at all uncommon to hear a sermon preached or even a denomination forge the manner in which men and women are able to participate in religious services or establish a social hierarchy based on the following scriptural text:

Let a woman learn in silence with full submission. I permit no woman to teach or to have authority over a man; she is to keep silent. For Adam was formed first, then Eve; and Adam was not deceived, but the woman was deceived and became a transgressor. Yet she will be saved through childbearing, *provided* [italics added] they continue in faith and love and holiness, with modesty (1 Timothy 2:11-15, NRSV).

Indeed, fundamentalist Christianity has a history of employing the Adam and Eve myth to insinuate that women are second class citizens (Heise & Steitz, 1991).

While childbearing is admonished in marriage as the symbolic undoing of original sin, outside of marriage it is the sexual ideal of celibacy that allows a woman to undo Eve's transgression (Pagels, 1988); the inheritance of Augustinian theology. Within a largely religious society, however, failure to live up to these ideals may be extremely

shame provoking serving as source of religious strain. For example, a study of 5,427 college students seeking mental health services were assessed for presenting problems related to considerable religious distress (Johnson & Hayes, 2003). Twenty-six percent of the sample reported psychological disturbances due to religious distress. However, of this 26%, 25% reported clinically significant levels of psychological distress related to sexual concerns. The authors conclude: “The finding that concerns of a general sexual nature were prevalent among clients with religious and spiritual problems makes sense in light of the prohibitions that many religious institutions have toward sexual activity before marriage...” (p. 417). These findings are not necessarily novel as Allport’s (1950) research shows: “Occasionally the storm arises not because of intellectual doubts, but because of a gnawing sense of guilt and shame, due perhaps to sex conflicts” (p. 33). The sex-shame experience for men and women focuses on different aspects respectively; for men performance is key and for women the ideals of chastity and seductiveness are stressed (Tangney & Dearing, 2002). However, for the religiously inclined these societal sexual ideals are further complicated by religious imposed oughts, shoulds, and musts concerning sexual behavior. Nonetheless, the onus of sexual integrity remains largely on women: “...shame in men of the Western civilized world is usually reserved only for Friday, Saturday, or Sunday religious services. For women, it is their silent lot on these and all other days” (H. B. Lewis, 1987, p. 4).

For as painful as the other’s gaze is it appears that the most painful of critical gazes is felt to be God’s:

They heard the sound of the LORD God walking in the garden...and the man and his wife hid themselves from the presence of the LORD God...But the LORD God

called to the man, and said to him, “Where are you?” He said, “I heard the sound of you in the garden, and I was afraid, because I was naked; and I hid myself (Gen. 3:8-10, NRSV).

God’s gaze is not mythical or even metaphoric. For fundamentalist Christians God’s gaze is part of God’s omnipresent nature. Nietzsche’s (trans. 1969) “Ugliest Man” describes the maddening eyes of God:

But he—*had* to die; he looked with eyes that saw *everything*—he saw the depths and abysses of man, all man’s hidden disgrace and ugliness. His pity knew no shame: he crept into my dirtiest corners... He always saw *me*... The god who saw everything, *even man*: this god had to die! Man could not *endure* that such a witness should live... How poor is man! (he thought in his heart) how ugly, how croaking, how full of secret shame (pp. 278-279).

Consider the following statement of a defected fundamentalist Christian: “The fear of God was put into me. I always felt like I was being watched” (Brent, 1994, p. 207). The sentiments evoked by Nietzsche and the anonymous subject are akin to Foucault’s (2000a) *panopticon* and *panopticism*, which allows the Observer to supervise every action, thought, and movement of the captive subject. Indeed, the origin of the panopticon has its roots in the prison system with the all seeing eye of the Guard in the watchtower exposing the prisoner’s every action. In a similar manner, God’s perceived gaze or presence has been empirically shown to affect people’s behavior. For example, Shariff and Norenzayan (2007) across two studies conclude: “God concepts, activated implicitly, increased pro-social behavior even when the behavior was anonymous and directed toward strangers” (p. 807). Though the critical gaze of God may be a subjective

reality in the lives of many religious persons it also has a component of objective reality. For the most part God 's interaction with humanity is understood to be mediated. For example, the bible, the sacraments, prayer, the clergy, and the larger institutional governing body of the church each mediate God to the parishioner. Therefore, the interpretation given to scripture, the sacraments, etc. by the ecclesial community who in turn exhorts, punishes, warns, and rebukes is the ever-present gaze of God in the life of the parishioner. It stands to reason that chronic exposure to messages of inherent taint, worthlessness, and utter depravity may contribute to a shameful self (Pattison, 2000). While it appears that religion in itself does not cause shame, Tangney and Dearing (2002) suggest that systematic studies of religious constructs are necessary to unearth intuitively potential shame producing dogmas (J. Tangney, personal communication, June 20, 2007).

### *Self-Forgiveness*

*Definition.* Researchers have noted that self-forgiveness as a topic of psychological study is in its nascent stage and has received little empirical attention in contrast to forgiveness of others (Tangney, Boone, & Dearing, 2005; Romero, Kalidas, Elledge, Chang, Liscum, & Friedman; 2006; Ross et al., 2004). Hence, defining the construct has proven to be a difficult task (Macaskill, Maltby, & Day, 2002). Nonetheless, Enright and the Human Development Study Group's (1996) definition of self-forgiveness is generally regarded as the standard in the self-forgiveness literature (Hall & Fincham, 2005). In their conceptualization of self-forgiveness Enright and colleagues stress: (a) the abandonment of self-resentment; (b) acknowledgment of wrongdoing; and (c) cultivation of self-compassion, self-generosity, and self-love. Self-forgiveness, then, is an arduous process of reconciliation with the self that involves

accepting one's shortcomings, transgressions, and failures while taking responsibility for one's actions.

*Self-forgiveness and the Christian religion.* *Forgiveness* is an inextricable part of religiosity and it is a central component of the Christian faith (Exline, Worthington, Hill, & McCullough, 2003; Rye, Pargament, Ali, Beck, Dorff, Hallisey, Narayana, & Williams, 2000). While not inimical to Christianity, *self-forgiveness* is not an explicit religious teaching or tenet. In the review of the psychological literature conducted by this author little to no mention of self-forgiveness vis-à-vis religiosity was found with the exception of two sources. Research by Tangney et al. (2005) suggests that self-forgiveness is not associated with religious affiliation regardless of degree of personal religiousness or piety. In addition, a qualitative study conducted by Ingersoll-Dayton and Krause (2005) among religious elderly suggests that belief in God's forgiveness does not necessarily facilitate self-forgiveness. In fact, persons who asked for and believed in God's forgiveness were among the most ambivalent about forgiving themselves.

*Self-forgiveness and psychological well-being.* To date, research on intrapersonal forgiveness suggests that lack of self-forgiveness is significantly predicted by neuroticism (Mullet, Neto, & Rivière, 2005; Ross, Hertenstein, & Wrobel, 2007; Ross et al., 2004). In other words, self-forgiveness is most difficult for persons who are emotionally unstable. In a study by Ross et al. (2004) that examined self and other-forgiveness in relation to the *Five-Factor Model* found that "the Neuroticism domain was the only significant predictor" of self-forgiveness accounting for 40% of the variance (p. 212). In addition, a more recent study by Ross and colleagues (2007) has replicated this prior finding. Similar results are reported by Mullet et al. (2005) who conducted a meta-

analysis of personality and intrapersonal forgiveness studies. Again, neuroticism was found to be the sole predictive personality factor of self-forgiveness revealing a strong, negative linear relationship. All three of these studies have also found high correlations between lack of emotional stability and depression, anxiety, and anger. In particular, low levels of depression have been found to be the best predictors of self-forgiveness (Ross et al., 2004). These results reinforce early findings on self-forgiveness by Mauger and colleagues (1992) in a sample of 237 Christian psychotherapy clients that experienced greater depression, anxiety, and anger as a result of difficulty forgiving themselves.

Given these data it is not difficult to see how lack of intrapersonal forgiveness has also been linked with rumination (Ingersoll-Dayton & Krause, 2005), shame, guilt, fear of negative evaluation, and perfectionism (Tangney et al., 2005). Consequently, researchers have concluded that persons who do not forgive themselves possess an *intropunitive style* (Mauger et al., 1992, Ross et al., 2004). To paraphrase Ross and colleagues (2004), an intropunitive style is one in which the individual more often than not perceives the self as blemished, unworthy of acceptance, with a propensity to internalize blame. On the other hand, research suggests that the presence of self-forgiveness is positively associated with self-esteem, life-satisfaction (Hall & Fincham, 2005; Fisher & Exline, 2006), psychological adjustment in the midst of serious illness (Romero et al., 2006), fewer depressive symptoms and thought disorder as well as lower levels of anxiety, shame and neuroticism (Mauger et al., 1992; Mullet et al., 2005; Ross et al., 2004; Tangney et al., 2005).

At first glance, it appears that symptoms of psychological disturbances hypothesized to be associated with psycho-spiritual abuse are either further fostered or

mitigated by the person's level of self-forgiveness. Due to the fact that self-forgiveness is not an explicit tenet of fundamentalist Christianity its study seems warranted.

### *Toward A Model of Psycho-Spiritual Abuse*

*Definition.* Defining psycho-spiritual abuse is an onerous task for a variety of reasons. Firstly, the psychological literature does not address it. In fact, it marginally treats the association(s) between religion and child abuse, sexual abuse, and medical neglect. Secondly, it seems that at times researchers mitigate the seriousness of abuse as well. For example, Donahue and Nielsen (2005) when discussing the sexual abuse of minors by Catholic priests state:

Some 80% of the priests engaged in sexual contact with postpubertal boys, an act technically known as *ephebophilia*, rather than *pedophilia*. Research indicates that the clinical profiles of ephebophiles and pedophiles differ markedly, and the two terms should not be interchanged (p. 281).

It cannot be ignored that the logic behind employing the words “post-pubertal boys” in conjunction with a term, *ephebophilia*, that distances it from *pedophilia*, and the consequent demand (sanctioned) by research *not to* employ the terms interchangeably is meant to de-stigmatize and mitigate the seriousness of the abuse—the Greek terms employed are simply markers of chronological age, but they both refer to minors.

Thirdly, it is difficult to conceptualize the psychological effects of a psycho-spiritual model of abuse vis-à-vis current models of trauma whose symptomatology is severe.

After all, isn't religion supposed to be “good” for you? Finally, it may also stand to reason that the psychology of religion may perceive the study of the dark side of religion as vintage as the current trend is to primarily explore the salutary effects of religion upon

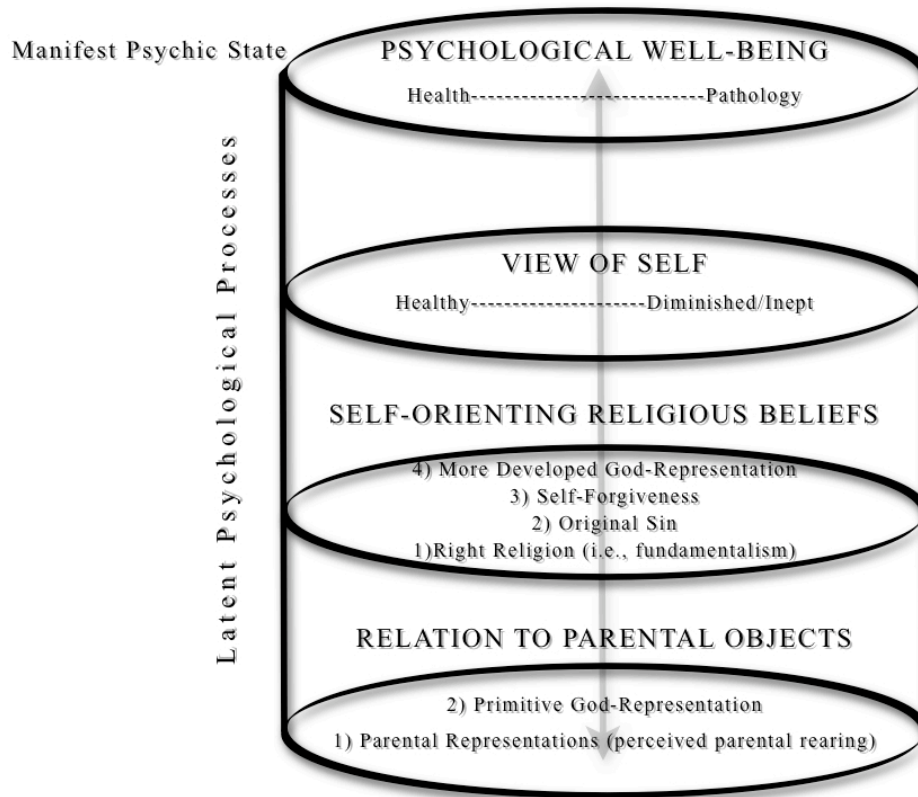
the psyche. Despite these difficulties it seems that based on theory and research a psycho-spiritual model of abuse is needed in order to aid clinicians in understanding: (a) the developmental aspects of the abuse; (b) the role that familial upbringing plays in the predisposition and exacerbation of the abuse; (c) the powerful role fundamentalist theology plays in the abuse; (d) the psychological mechanisms at work at the individual level; and (e) the symptoms associated with the abuse that make it difficult to distinguish from other psychiatric disorders.

Employing the standard definition of abuse—“to use wrongly or inappropriately” in turn hurting or injuring “by maltreatment” (Pickett, 2002, p. 6)— as a point of reference, this author defines psycho-spiritual abuse: The misuse of ecclesial doctrine(s) via coercive or overtly forceful tactics such as fear, overly strict punishment, ridicule, perfectionism, and humiliation in order to instill in a person a sense of “right religion,” which results in a diminished sense of self, thus leading to psychiatric difficulties including, but not limited to, anxiety, depression, and shame.

*Conceptualizing psycho-spiritual abuse.* In an attempt to further clarify the proposed model of psycho-spiritual abuse, this author has created a visual representation of the psychic processes hypothesized to be operant in psycho-spiritual abuse (see figure 1). The cylindrical nature of the model is meant to represent the fluidity as well as profundity between those stages and processes labeled *psychically latent* and the most *manifest* psychic state, that of psychological health or pathology. In other words, the depth of the cylindrical rungs are meant to visually represent the psychological consciousness of each stage vis-à-vis each other.



Figure 1. Proposed model of Psycho-Spiritual Abuse



The lowest rung in the cylindrical model refers to the individual and his/her parental objects. As discussed in the above sections, a person's most important early relationship is the one experienced with his/her primary caretaker(s). This relationship paves the way for ensuing ways of relating to the world, self, and others through the creation of internal representations of the parental objects as well as the person's initial or primitive God-representation. Not only are we born into a family, said family may belong to an organized religion that informs, through dogma, the manner in which parental objects interact with their child. Consequently, the child may be born into a family system that is predisposed to foster or mitigate psychological health. Very early

on children may be exposed to teachings having to do with *right religion*, inherent sinfulness, taint, and stories about how “we’ve let God down.” In addition, implicit as well as explicit messages concerning how acceptable it is for one to forgive oneself for a trespass or transgression may also be present. For example, in families where strict adherence to religious orthodoxy is practiced a child’s transgressive behavior towards a sibling may be punished by forcing the child to kneel in a corner and pray or contemplate how their actions have “hurt God” as well as their sibling. These teachings, however, are not unique to the family unit. They may also be learned or reinforced through the child’s church environment. The same process may also be operant for those who come to religious devotion in adolescence or adulthood. The person’s introduction to organized religion also serves to further develop their God-representation via the religious systems of belief; this description represents the second cylindrical rung. Undoubtedly, rearing practices and the development of self-orienting religious beliefs via organized religious institutions have a direct effect on the parishioner’s view of the self. Alone or in concert with familial rearing practices such teachings may reinforce or foster diminished views of the self; the third cylindrical rung. Consequently, life stressors, including spiritual strains or struggles, may facilitate the expression of psychopathology or distressing subclinical symptomatology such as increased anxiety, depression, or shame; the top cylindrical rung.

The question of whether church teachings aid in mitigating or exacerbating such symptoms in large part has to do with the mediating role of one’s super-ego (not in the statistical sense), which finds an extension of itself in parental and ecclesial authority. Research by Hansen (1998) suggests that the means by which a belief is emphasized may

affect psychological well-being in adulthood. Hansen specifically focuses on the long-term effects of rigidity and fear in religious upbringing and concludes: "...individuals with histories of rigidity may be reluctant to become members of a religion that differs from that of the parent, while those with histories of fear may be more likely to join a different religion" (p. 105). The implication being that rigidity perpetuates "unalterable," legalistic obedience to a priori moral codes, including orthodox gender roles, while fear engenders "unreal expectations of perfection" (p. 92). Therefore, while rigidity and fear may both be part and parcel of the fundamentalist Christian worldview, Hansen's (1998) research suggests that such rigidity may perpetuate psycho-spiritual abuse by maintaining a closed religious circuit. In addition, Whipple's (1987) clinical work with battered women from fundamentalist congregations lends support to the rigidity of such family and religious systems. Moreover, research suggests that fundamentalist families, compared to non-fundamentalist families, appear to be characterized by more rigidity, less emotionally closeness, and higher levels of enmeshment with the church community as well as with the church hierarchy (Denton & Denton, 1992). In a national sample of 8,165 adolescents and 10,467 of their parents across thirteen Christian denominations, Forliti and Benson (1986) found that a "restricting religion" has deleterious effects on young people. Adolescents who are reared in such religious environments tend to report higher levels of antisocial behavior, alcohol use, prejudice, and sexism. Two plausible explanations for such results are "that a restricting religion sets high behavioral standards which conflict with a young adolescent's inclination to grow in autonomy and independence," say the authors (p. 223). Another likely reason is that authority figures may employ "God as a 'hammer'" with young persons whose behavior is problematic

(Ibid.). This may be consistent with existing data suggesting that young persons reared in restricting religions may experience “coercive forms of discipline at home” (p. 224). Additionally, Rigney and Hoffman (1993) conclude that fundamentalist protestants are less “intellectually oriented” than Catholics, non-fundamentalist protestants, Jews, and the non-religious (p. 220). In fact, fundamentalist protestants scored significantly higher than the aforementioned groups concerning the value of obedience and significantly lower than these same groups on freedom of scientific inquiry, tolerance, and newspaper reading. These results are suggestive of a religious structure that is authoritarian in nature. In short, this author believes this conceptual model elucidates the psychological processes as well as the symptom formation of psycho-spiritual abuse defined above.

## CHAPTER THREE

### METHODS

#### *Participants*

Understanding that different Christian traditions espouse differing views concerning right-religion (i.e., fundamentalism), the centrality of the theological doctrine of original sin, self-forgiveness, as well as the character and nature of God, this study employed snowball sampling in order to reach a diverse Christian population. An additional reason for employing snowball sampling methodology is that certain fundamentalist subtypes of Protestant Christianity may be considered religiously “rare” or “hidden” populations on account of their impermeability, thus necessitating such a recruitment technique (Kalton & Anderson, 1986; Kline, 2005).

The sample was composed of 235 parishioners (155 females, 80 males) from 18 Christian faith groups across the United States (U. S.). Most subjects indicated that they had spent the majority of their life in the Southern (34.1%) and Southwestern (27.7%) regions of the U. S. while others reported having principally resided in the Midwest (18.8%), West Coast (9.4%), Northeast (6%), and West (2.6%). In addition, 2.2% of parishioners stated that they lived most of their lives outside the U. S. Participants were mainly Christian Protestants (80.9%) followed by Christian Sectarians (i.e., Jehovah’s Witnesses, Church of Jesus Christ of the Latter-Day Saints) (13.1%) and Christian Catholics (6%) respectively, the majority of which had been affiliated with their religious faith more than 20 years (52.8%). The remaining participants reported affiliations of less than 1 year (4.5%), 1-5 years (12.7%), 6-10 years (12.4%), 11-15 years (9.7%), and 16-20 years (7.9%).

Consistent with Gosling, Vazire, Srivastava, and John's (2004) predictions regarding online research and ethnicity, subjects self-identified primarily as European American (75.7%) followed by Latino American (13.5%), Bi-Ethnic (4.5%), African American (3%), and Other (3.3%). Participants ranged in age from 18 to 64 and were approximately equally represented— 18-24 (14.2%), 25-34 (22.1%), 35-44 (16.5%), 45-54 (25.1%), and 55-64 (22.1%). Additionally, most parishioners indicated that they attended religious services on a Weekly basis (68.2%) with all others reporting attendance Occasionally (11.5%), Monthly (7.5%), and on Special Occasions (12.7%). The vast majority of subjects completed some form of post-secondary education— Associate's Degree (7.5%), Baccalaureate Degree (40.8%), Master's Degree (24%), Doctoral Degree (4.5%)— with 1.9% indicating High School Graduate or Equivalent and 21.3% reporting Some College. Participant yearly household income ranged from less than \$10,000 (8.2%), \$10,000-\$24,999 (10.1%), \$25,000-\$44,999 (17.2%), \$45,000-\$74,999 (28.1%), \$75,000-\$99,999 (15%), and more than \$100,000 (21.3%) respectively. Finally, 76% of parishioners reported no current or previous psychiatric diagnosis and 24% indicated having been diagnosed with at least 1 psychiatric illness; 14.2% of participants with a diagnosed psychiatric disorder reported current use of psychotropic medication.

#### *Approval by Human Subjects Committee*

The study adhered to the guidelines of the Institutional Review Board for the Protection of Human Subjects at the University of Texas at Austin (see Appendix A for IRB materials).

## *Instruments*

*Demographic questionnaire.* A demographic questionnaire developed for this study gathered information regarding the subject's age, race, ethnicity, sex, relationship status, education, occupation, household size, income, denominational affiliation, length of denominational affiliation and practice, church attendance, and region within the United States where most of their life had been spent. In addition, the questionnaire also asked subjects to identify if they had been diagnosed with a psychiatric disorder, how long ago the diagnosis was made, and if they were currently taking any psychotropic medication(s) (see Appendices C-K for all administered measures).

*Original sin scale.* Due to the lack of an instrument that measures degree of belief in the theological construct of original sin this author created a new measure to meet such need. The Original Sin Scale (OSS) is a 7-item, face valid, 7-point Likert scale designed to measure degree of belief in the theological construct of original sin. It is a unidimensional measure that meets MacCallum, Widaman, Ahang, and Hong's (1999) recommended 5:1 item-to-factor ratio for small number of factors. It is anchored at 1 (*strongly disagree*) and 7 (*strongly agree*). Sample statements include: "Human nature is sinful;" "People are born with a tendency to sin;" and "Only God can restore humanity to its original state of innocence." The subject's score is obtained by summing the responses for all items yielding a minimum score of 7 and a maximum score of 49 with a theoretical midpoint of 28. Higher scores indicate stronger belief in the construct of original sin and vice-versa. The OSS has demonstrated good internal consistency ( $\alpha = .926$ ) in its factor analytic study as well as in this study ( $\alpha = .956$ ) (see Appendix B for the OSS' factor analytic study).

*Revised religious fundamentalism scale.*      The Revised Religious

Fundamentalism Scale (RRFS) (Altmeyer and Hunsberger, 2004) is a 12-item self-report instrument that measures the degree to which a person believes that his/her religious outlook contains the most “fundamental, basic, intrinsic, essential, inerrant truth” (p. 50). Subjects are instructed to respond to each item on a 9-point Likert scale anchored at -4 (*very strongly disagree*) and +4 (*very strongly agree*) with 0 being an exact and precise *neutral*. Sample statements include: “God has given humanity a complete, unfailing guide to happiness and salvation, which must be totally followed;” The basic cause of evil in the world is Satan, who is still constantly and ferociously fighting against God;” and “When you get right down to it, there are basically only two kinds of people in the world: the Righteous, who will be rewarded by God; and the rest, who will not.”

One of the strengths of the RRFS is that it allows the participant to deal with what may be conflicting feelings about a statement by allowing him/her to weigh differing parts of it independently. In turn the participant may numerically rate these troublesome ideas independently of each other and sum each part to obtain their score for that particular statement. In order to avoid negative scores the subject's total score is obtained by summing all 12 items on a converted 1 to 9 scale and adding a constant of 5 to the summed score. This yields a minimum score of 17 and a maximum score of 113 with a theoretical mid-point of 65. Higher scores indicate greater levels of fundamentalism and vice-versa. The RRFS is reported to possess an alpha reliability coefficient of .91, which is equal to or greater than its parent scale (Altmeyer and Hunsberger, 2004). Finally, the RRFS is appropriate for use with persons of differing religious faiths.



*Short egna minnen beträffande uppfostran.* The short Egna Minnen Beträffande Uppfostran (s-EMBU) is a 23-item English version of its 81-item Swedish parent scale (Perris, Jacobsson, Lindström, von Knorring, & Perris, 1980) employed “for assessing memories of parental rearing behaviour [*sic*]” (Ross, Campbell, & Clayer, 1982, p. 500). The s-EMBU retains 3 of the original 14 subscales, affective (i.e., emotional warmth), rejecting, and overprotective, all of which were employed in the statistical analysis (Arrindell, Sanavio, Aguillar, Sica, Hatzichristou, Eisemann, Recinos, Gaszner, Peter, Battagliese, Kallai, and van der Ende, 1999). Subjects are instructed to respond to each item along a 4-point Likert scale anchored at 1 (*never occurred*) and 4 (*always occurred*) for father and mother respectively (i.e., separately). Sample statements include: “It happened that my parents were sour or angry with me without letting me know the cause” (rejection); “My parents praised me” (emotional warmth); and “It happened that I wished my parents would worry less about what I was doing” (overprotection). The subject’s score is obtained by summing the responses for all items in a respective subscale, which yield differing minimum and maximum scores. Higher scores indicate greater levels of parental rejection, emotional warmth, and overprotection respectively and vice-versa. Subscale reliability coefficients range from .72 (rejecting) to .85 (emotional warmth) for fathers and from .74 (rejecting) to .82 (overprotective) for mothers across four different international samples demonstrating adequate internal consistency. Finally, the s-EMBU is appropriate for use with non-clinical populations.

*The god image scales.* The God Image Scales (GIS) refer to a 72-item and a 36-item format scales derived from a 156-item parent scale, The God Image Inventory (GII) (Lawrence, 1991), for research purposes (Lawrence, 1997). The 36-item GIS was

employed in this study because it retains the 3 most essential subscales of the GII: (1) presence (i.e., “Is God there for me?”); (2) challenge (i.e., “Does God want me to grow?”); and (3) acceptance (i.e., “Am I the sort of person God would want to love?”) (Ibid.). Subjects are instructed to respond on a 4-point Likert scale anchored at 1 (*strongly agree*) and 4 (*strongly disagree*) to each statement by indicating the response that closest describes their feelings (Hall & Sorenson, 1999). Sample statements include: “God does not answer when I call” (presence); “God’s love for me has no strings attached” (acceptance); and “God takes pleasure in my achievements” (challenge). The subject’s score is obtained by summing the responses for all items in a respective subscale, which yields a minimum score of 12 and maximum score of 48. Higher scores indicate God representations imbued with less presence, challenge, and acceptance respectively. Correlations between the GII and the GIS are reported to be between .95 and .99. Additionally, subscale reliability coefficients range from .81 (challenge) to .95 (presence) demonstrating good internal consistency. Moreover, further studies on the GIS have provided convergent and discriminant validity. Finally, the GIS is appropriate for use with non-clinical populations (Lawrence, 1997).

*The state self-forgiveness scale.* The State Self-Forgiveness Scale (SSFS) is the only validated state self-forgiveness measure to date (Wohl, DeShea, & Wahkinney, 2008). Consisting of 17 six-point Likert type items anchored at 1 (*strongly disagree*) and 6 (*strongly agree*) and a single validity check item anchored at 1 (*not at all*) and 4 (*completely*), the SSFS is composed of two subscales: (1) the Self-Forgiving Feelings/Actions (SFFA) Scale (Cronbach’s alpha = .86, item reliability = .95); and (2) the Self-Forgiving Beliefs (SFB) Scale (Cronbach’s alpha = .91, item reliability = .99).

Only the SFFA subscale was employed in the data analysis because it better answers the research questions. Subjects are instructed to think of a transgression and contemplate it while filling out the questionnaire. Sample statements include: “As I consider what I did wrong, I feel ...compassionate toward myself...rejecting of myself...accepting of myself...dislike toward myself.” The subject’s score is obtained by summing the first 8 items of the SSFS, which make up the SFFA subscale, in which negatively worded items are reversed scored. A minimum score of 8 and a maximum score of 48 is possible. The higher the subject’s score the more positive the subject’s self-forgiving feelings and actions. The SSFS possesses high internal consistency and concurrent validity; this measure is also appropriate for use with non-clinical populations (Ibid.).

*Penn inventory of scrupulosity.* The Penn Inventory of Scrupulosity (PIOS) is a 19-item self-report instrument designed to measure scrupulous obsessions and compulsions in a non-clinical population (Abramowitz et al., 2002). It consists of two subscales: (1) fear of sin; and (2) fear of God. Responses are measured on a 5-point Likert scale anchored at 0 (*never*) and 4 (*constantly*). Subjects are instructed to rate how often they have the following experiences. Sample statements include: “I worry that I might have dishonest thoughts;” “I am afraid my behavior is unacceptable to God;” and “I am afraid of having sexual thoughts.” The subject’s score is obtained by summing all 12 responses in the “fear of sin” subscale, with a minimum score of 0 and a maximum score of 48, and/or by summing all 7 responses to the “fear of God subscale which has a minimum score of 0 and a maximum score of 35. Alternatively a scale total score may be achieved by summing all of the items in which a minimum score of 0 and a maximum score of 76 is possible. Higher scores in the subscales indicate greater levels of

obsessions and compulsive behavior with fear of sin and fear of God respectively, and higher scores on the total scale score indicate greater levels of scrupulosity. Cronbach's alphas of .90 (fear of sin) and .88 (fear of God) were reported for each of the measures' respective subscales and a full-scale alpha coefficient of .93, indicating that the PIOS possesses good internal consistency.

*Beck depression inventory- 2.* The Beck Depression Inventory- 2 (BDI- 2) is a 21-item self-report instrument that measures the cognitive and behavioral symptoms of depression (Beck, Steer, & Brown, 1996). Symptom severity is measured on a 4-point scale ranging from 0 to 3, with higher numbers indicating greater distress. Symptoms assessed include sadness, pessimism, past failure, loss of pleasure, interest in sex, general interest, and energy, feelings of guilt and punishment, self-dislike and criticalness, suicidal thoughts, agitation, indecisiveness, worthlessness, fatigue, changes in eating and sleeping patterns, concentration and irritability. Moreover, the BDI-2 is designed to be employed with adults and adolescents over the age of 13 and can be used in diagnosing depressive disorder according to diagnostic criteria established by the DSM-IV (American Psychiatric Association, 2000).

The subject is instructed to read groups of statements and indicate the statement that best describes how s/he has been feeling over the past two weeks, including the present day. Sample statements include: “(1) Sadness: 0 = I do not feel sad; 1 = I feel sad much of the time; 2 = I am sad all of the time; 3= I am so sad or unhappy that I can't stand it;” and “(2) Pessimism: 0 = I am not discouraged about my future; 1 = I feel more discouraged about my future than I used to be; 2 = I do not expect things to work out for me; 3 = I feel my future is hopeless and will only get worse” (Beck et al., 1996). The

subject's score is obtained by summing the responses to all 21 items in which a maximum score of 63 is possible. The BDI-2 is interpreted according to the following cut off scores: (1) 0-13 = minimal depression; (2) 14-19 = mild depression; (3) 20-28 = moderate depression; and (4) 29-63 = severe depression. Reliability coefficients are acceptable yielding Cronbach's alphas of .92 to .93. Test-retest data at one week yield a coefficient of .93, which strongly demonstrates that the BDI-2 represents consistent measure over time. Convergent as well as discriminant validity is also well established as is construct and predictive validity (Ibid.).

*Test of self-conscious affect - 3.* The Test of Self-Conscious Affect- 3 (TOSCA-3) is a scenario based dispositional measure that consists of 16 hypothetical situations—11 negative and 5 positive—which measure shame and guilt-proneness (Tangney, Dearing, Wagner, and Gramzow, 2000). More specifically, the scenarios yield “indices of Shame-Proneness, Guilt-Proneness, Externalization, Detachment/Unconcern, Alpha Pride, and Beta Pride” (Tangney & Dearing, 2002, p. 213). This study employed an abbreviated version of the TOSCA-3 through the removal of all positive scenarios produces an 11-scenario instrument. Additionally, only the shame subscale was employed in the statistical analysis.

Participants are instructed to read each scenario and imagine themselves in each situation. They are then asked to indicate how likely they would be to “react in each of the ways described” (Tangney & Dearing, 2002, p. 207). Responses are measured on a 5-point Likert scale anchored at 1 (*not likely*) and 5 (*very likely*). Sample scenarios include: “You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood your friend up;” “You break something at work and then hide it;” and “At work, you wait

until the last minute to plan a project, and it turns out badly.” The respective shame statements that require rating are: “You would think, “I’m inconsiderate;” “You would think about quitting;” and “You would feel incompetent.” The subject’s score is obtained by summing the shame responses to all 11 items in which a minimum score of 11 and a maximum score of 55 is possible. The higher the subject’s score the more shame-prone the subject. Cronbach’s alphas of .88, .77, and .76 respectively are reported by Tangney and colleagues (2000) for the TOSCA-3’s shame subscale across 3 separate samples. The short version has also shown acceptable internal consistency. This measure is appropriate for use with non-clinical populations (Tangney & Dearing, 2002).

### *Procedure*

Initial electronic correspondence inviting lay persons to participate in the study were sent to acquaintances of this researcher across the U.S. in late January 2010. Each e-mail contained the participation survey link provided by the data server SurveyMonkey as well as a request to forward the received e-mail to all acquaintances with similar religious beliefs. Such a practice accomplished two aims: (1) to further involve other same faith parishioners who may otherwise not have had the opportunity to participate; and (2) expanding the study sample to other Christian faith parishioners who may not have been recruited due to restraints of time and money on the researcher’s part and trust on the participant’s end.

Recipients were told that the purpose of the study was to better understand the relationship between religiosity and psychological well-being. They were also told that their participation would require between 20-30 minutes of their time. Willing participants were then instructed to follow the survey link where they were presented

with the informed consent document. Once participants read through the consent form they were prompted to either give or decline their consent. Participants were also instructed to print the consent form page to keep for their records. Those who declined their consent were redirected to the study's debriefing page and instructions were given regarding how to close their browser. Since this researcher did not collect written consent forms from participants it was explained that consent to participate was indicated through completion of the survey. Participants were instructed to fill out the ensuing measures, paying close attention to follow their respective instructions. Upon completion of all forms and measures subjects viewed a printable debriefing sheet that included: (a) the nature of the project; (b) findings of related studies; (c) identification of the predictor variables; (d) identification of the outcome variables; (e) and hypotheses (Heppner, Kivlighan, & Wampold, 1999).

Due to the possibility of subject withdrawal and to ensure proper debriefing a "leave the study" icon was placed on each Internet page, which automatically took the subject to the debriefing page (Nosek, Banaji, & Greenwald, 2002, p. 163). In order to control for order effects the self-report measures were counterbalanced (Heppner et al., 1999; Zechmeister, Zechmeister, & Shaughnessy, 2001). Lastly, in order to prevent repeat entries by any one individual who may revisit the website, the subject's computer Internet protocol (IP) address was recorded at the time of login. When an IP address occurred more than once then demographic information as well as the collected data were compared to see how closely the entries resembled each other (Gosling et al., 2004; Nosek et al., 2002). In all instances repeat entries were found to be employed by

participants who had not completed the survey on their first attempt; these first attempts were discarded.

### *Questions and Hypotheses*

Based on theory and previous research covered throughout this document the following questions and hypotheses were tested employing Canonical Correlation

Analysis:

1. To what degree is a parishioner's psychological well-being (i.e., scrupulosity, depression, and shame) associated with his/her degree of belief in the theological construct of original sin?
  - ***Hypothesis 1:*** Greater degrees of parishioner belief in the theological doctrine of original sin is positively associated with obsessions of sin and fear of God's punishment along with neutralizing compulsive behavior (i.e., scrupulosity disorder).
  - ***Hypothesis 2:*** Greater degrees of parishioner belief in original sin is positively associated with depression.
  - ***Hypothesis 3:*** Greater degrees of parishioner belief in original sin is positively associated with shame.
2. To what degree is a parishioner's psychological well-being associated with religious rigidity (i.e., fundamentalism)?
  - ***Hypothesis 4:*** Greater degrees of parishioner religious fundamentalism is positively associated with scrupulosity.
  - ***Hypothesis 5:*** Greater degrees of parishioner religious fundamentalism is positively associated with depression.



- **Hypothesis 6:** Greater degrees of parishioner religious fundamentalism is positively associated with shame.
3. To what degree is a parishioner's psychological well-being associated with his/her God-representation?
- **Hypothesis 7:** Non-accepting God-representations are positively associated with scrupulosity.
  - **Hypothesis 8:** Non-accepting God-representations are positively associated with depression.
  - **Hypothesis 9:** Non-accepting God-representations are positively associated with shame.
  - **Hypothesis 10:** Non-present God-representations are negatively associated with scrupulosity.
  - **Hypothesis 11:** Non-present God-representations are positively associated with depression.
  - **Hypothesis 12:** Non-present God-representations are positively associated with shame.
  - **Hypothesis 13:** Non-challenging God-representations are negatively associated with scrupulosity.
  - **Hypothesis 14:** Non-challenging God-representations are positively associated with depression.
  - **Hypothesis 15:** Non-challenging God-representations are negatively associated with shame.

4. To what degree is a parishioner's psychological well-being associated with his/her ability to self-forgive?
- **Hypothesis 16:** Greater degree of parishioner self-forgiveness is negatively associated with scrupulosity.
  - **Hypothesis 17:** Greater degree of parishioner self-forgiveness is negatively associated with depression.
  - **Hypothesis 18:** Greater degree of parishioner self-forgiveness is negatively associated with shame.
5. To what degree is a parishioner's psychological well-being associated with his/her familial upbringing (i.e., perceived parental rearing)?
- **Hypothesis 19:** Parishioner parental rearing practices perceived as overprotective are positively associated with scrupulosity.
  - **Hypothesis 20:** Parishioner parental rearing practices perceived as overprotective are positively associated with depression.
  - **Hypothesis 21:** Parishioner parental rearing practices perceived as overprotective are positively associated with shame.
  - **Hypothesis 22:** Parishioner parental rearing practices perceived as rejecting are positively associated with depression.
  - **Hypothesis 23:** Parishioner parental rearing practices perceived as rejecting are positively associated with shame.
  - **Hypothesis 24:** Parishioner parental rearing practices perceived as emotionally warm are negatively associated with scrupulosity.

- ***Hypothesis 25:*** Parishioner parental rearing practices perceived as emotionally warm are negatively associated with depression.
- ***Hypothesis 26:*** Parishioner parental rearing practices perceived as emotionally warm are negatively associated with shame.

## CHAPTER FOUR

### RESULTS

#### *Overview*

This study tests a model of psycho-spiritual abuse involving the psychological well-being of Christian parishioners and the influence (i.e., predictive value) that theological beliefs as well as developmental factors (referred to as “psycho-spiritual beliefs”) exert upon their mental health. The outcome or criterion variables are standardized measures of Scrupulosity Disorder (i.e., PIOS), Depression (i.e., BDI-2), and Shame (i.e., TOSCA-3) respectively. Five parishioner psycho-spiritual belief predictor variables are considered. The first predictor measures belief in the theological construct of original sin, OSS, which is a standardized measure of the degree of belief that a parishioner possesses about the ineptness of human nature. The second predictor measures religious rigidity or strictness, RRFS, which is a standardized measure of the degree to which a person believes that his/her religious outlook contains the most “fundamental, basic, intrinsic, essential, inerrant truth” (Altmeyer & Hunsberger, 2004, p. 50). The third predictor measures familial upbringing, s-EMBU, which is a standardized measure of perceived rearing behavior that a parishioner has regarding his/her parents. The fourth predictor measures a parishioner’s intrapsychic God-representation, GIS, which is a standardized measure of the perceived presence, challenge, and acceptance that a parishioner holds regarding his/her personal God. The fifth predictor measures state self-forgiveness, SSFS, which is a standardized measure of forgiving feelings and actions toward oneself. Table 1 contains a summary of criterion and predictor variables.

Table 1

*Summary of Predictor and Criterion Variables and Instruments Employed in Measuring Them*

Predictor Variables	Corresponding Measure	Criterion Variables	Corresponding Measure
Original Sin	OSS	Scrupulosity	PIOS
Fundamentalism	RRFS	Depression	BDI-2
Perceived Rearing Rejecting	s-EMBU Rejecting	Shame	TOSCA-3
Perceived Rearing Emotional Warmth	s-EMBU Emotional Warmth		
Perceived rearing OverProtective	s-EMBU OverProtective		
God-Representation Accepting	GIS Acceptance		
God-Representation Presence	GIS Presence		
God-Representation Challenging	GIS Challenging		
Self-Forgiveness	SSFS		

*Note.* OSS = Original Sin Scale; RRFS = Revised Religious Fundamentalism Scale; s-EMBU = Short Egna Minnen Beträffande Uppfostran; GIS = God Image Scales; SSFS = State Self-Forgiveness Scale; PIOS = Penn Inventory of Scrupulosity; BDI-2 = Beck Depression Inventor- 2; TOSCA-3 = Test of Self-Conscious Affect- 3

### *Initial Analyses*

Means, standard deviations, reliability coefficients, and correlations among predictor variables are presented in Table 2. The following assumptions of Canonical Correlation Analysis (CCA) were tested and met. A review of Table 2 shows that all significant correlations between predictor variables were below .80 with the exception of the correlation of OSS and RRFS ( $r = .82$ ). However, it is important to note that this correlation is not a *perfect correlation*, which is central to the assumption of multicollinearity in CCA. In order to further test the assumption of multicollinearity, the collinearity diagnostics function was employed across three univariate multiple regressions, one for each criterion. Because the VIF was not  $> 4.0$  and Tolerance was not  $< .20$  for any of the predictors, multicollinearity was deemed not to be problematic. Residual analyses for linearity indicated that each of the univariate models represent a linear model between the outcome variables and composites of the predictor variables. Since standardized residuals were not  $> 3$  it may be assumed that heteroscedasticity is not a concern. In addition, absence of Cook's Distance  $> 1$  lends additional evidence that no

Table 2

*Means, Standard Deviations, Reliability Coefficients, and Correlations Between Predictor Variables*

	<i>M</i>	<i>SD</i>	<i>Alpha</i>	1	2	3	4	5	6	7	8	9
1. OSS	34.78	13.63	.96	-	.82**	-.23**	-.50**	-.31**	-.12	.001	-.03	.16*
2. RRFS	69.39	30.21	.94		-	-.20**	-.50**	-.30**	-.09	-.03	.01	.15*
3. GIS Acce	15.30	4.89	.81			-	.62**	.65**	-.26**	.16*	-.08	.18**
4. GIS Pres	20.12	8.98	.96				-	.70**	-.14*	.02	.01	.02
5. GIS Chal	18.76	6.36	.85					-	-.12	.10	-.05	.06
6. SSFS	31.54	8.58	.89						-	-.16*	.16*	-.14*
7. s-EMBU Rej	20.56	7.77	.91							-	-.52**	.50**
8. s-EMBU EW	34.19	9.77	.94								-	-.06
9. s-EMBU OP	38.93	9.51	.87									-

*Note.* OSS = Original Sin Scale; RRFS = Revised Religious Fundamentalism Scale; GIS Acce = God Image Scale Acceptance Subscale; GIS Pres = God Image Scale Presence Subscale; GIS Chal = God Image Scale Challenge Subscale; SSFS = State Self-Forgiveness Scale; s-EMBU Rej = Rejection Subscale of s-EMBU; s-EMBU EW = Emotional Warmth Subscale of s-EMBU; s-EMBU OP = Overprotective Subscale of s-EMBU

\*  $p < .05$  \*\*  $p < .01$ , two-tailed.

influential outliers are present.

Table 3 shows the results for the Shapiro-Wilk test of normality for the psycho-spiritual belief variables and the psychological well-being variables respectively. Only the variables of perceived parental rearing overprotective, self-forgiveness, scrupulosity, and shame met the assumption of normality at the .05 level of significance. While Hair, Anderson, Tatham, and Black (1998) recommend transforming variables that do not meet the Shapiro-Wilk test of normality they also state: "Canonical correlation analysis can accommodate any metric variable without the strict assumption of normality" (p. 448). Moreover, Tabachnick and Fidell (1996) instruct against the transformation of data for the reasons that "...an analysis is interpreted from the variables that are in it and transformed variables are sometimes harder to interpret" (p. 80). Therefore, those variables not meeting the Shapiro-Wilk test of normality were left unchanged. Finally, systematic error in measurement was assumed not to be problematic due to the fact that all instruments employed possessed coefficient alphas above .80 (OSS = .96; RRFS = .94; SSFS = .89; GIS = .92; [GIS by subscale: Acceptance = .81; Presence = .96;

Challenge = .85]; s-EMBU = .82 [s-EMBU by subscale: Rejection = .91; Emotional Warmth = .94; OverProtection = .87]; PIOS = .94; BDI- 2 = .80; TOSCA- 3 = .82).

Table 3  
*Test for Normality of Variables*

Variable	Statistic	<i>p</i>
Psycho-Spiritual Beliefs		
Original Sin	0.858	.000**
Fundamentalism	0.913	.000**
Perceived Rearing Rejecting	0.910	.000**
Perceived Rearing Emotional Warmth	0.936	.000**
Perceived rearing OverProtective	0.992	0.756
God-Representation Accepting	0.869	.000**
God-Representation Presence	0.910	.000**
God-Representation Challenging	0.960	.001**
Self-Forgiveness	0.978	0.051
Psychological Well-Being		
Scrupulosity	0.968	0.224
Depression	0.906	.000**
Shame	0.982	0.114

*Note.* \*\*  $p < .01$

### *Main Analysis*

Canonical correlation analysis (CCA) was employed because it allows this researcher to simultaneously test the relationship between the criterion variables (i.e., scrupulosity, depression, and shame) and predictor variables (i.e., original sin, religious fundamentalism, self-forgiveness, parental rearing perceived as rejecting, emotionally warm, and overprotective, as well as accepting, presence, and challenging God-representations) of interest (Sherry & Henson, 2005). In addition, CCA

...may best honor the reality of psychological research. Most human behavior research typically investigates variables that possibly have multiple causes and multiple effects. Determining outcomes based on research that separately

examines singular causes and effects may distort the complex reality of human behavior and cognition (Ibid., p. 38).

Therefore, a CCA was conducted employing the 9 psycho-spiritual belief variables (i.e., religious fundamentalism, original sin, self-forgiveness, accepting, present, and challenging God-representations, as well as perceived parental rejection, emotional warmth, and overprotection) as predictors of the 3 psychological well-being variables (i.e., scrupulosity, depression, and shame) to evaluate the multivariate shared relationship between the two variable sets in SPSS Graduate Pack 16.0 for Mac. The analysis yielded 3 canonical functions, with only the first 2 functions yielding interpretable squared canonical correlation ( $R_c^2$ ) effect sizes of 46.89% and 37.63%. The third function explained only 5.79% of the variance between the predictor and criterion variables. Consequently, it was not interpreted. Table 4 presents the results for the first two functions, including the standardized canonical function coefficients and structure coefficients.

Collectively, the full model across all functions was statistically significant employing the Wilk's  $\Lambda = .314$  criterion,  $F(27, 646.08) = 11.632, p < .001$ . Since Wilk's  $\Lambda$  represents the variance unexplained by the model,  $1 - \Lambda$  yields the full model effect size in an  $r^2$  metric. Therefore, for the set of three canonical functions, the  $r^2$  type effect size was .686, which indicates that the full model explained a substantial portion, approximately 69%, of the variance shared between the variable sets.

The dimension reduction analysis allows the researcher to test the hierarchical arrangement of functions for statistical significance. As noted, the full model (Functions 1 to 3) was statistically significant; however, Function 2 to 3 was also statistically



significant,  $F(16, 444) = 8.45, p < .001$ . Function 3 did not explain a statistically significant amount of shared variance between the variable sets,  $F(7, 223) = 1.96, p = .062$ .

Table 4 presents the standardized canonical function coefficients and structure coefficients for Functions 1 and 2. The squared structure coefficients are also given as well as the communalities ( $h^2$ ) across the two functions for each variable. Looking at the Function 1 coefficients, one sees that scrupulosity, depression, and shame were all relevant, primary criterion variables making contributions to the synthetic criterion variable. This conclusion was supported by the squared structure coefficients. These measures of psychological well-being also had large canonical function coefficients. Additionally, all of these variables' structure coefficients had the same sign, indicating that they were all positively related (i.e., correlated). These results suggest that there may be a unifying concept present between these variables.

Table 4

*Canonical Solution for Psycho-Spiritual Beliefs Predicting Psychological Well-Being for Functions 1 and 2*

<i>Variable</i>	<i>Function 1</i>			<i>Function 2</i>		
	<i>Coef</i>	$r_s$	$r_s^2$ (%)	<i>Coef</i>	$r_s$	$r_s^2$ (%)
Scrupulosity	.506	<b>.730</b>	53.30	.903	<b>.673</b>	45.29
Depression	.444	<b>.722</b>	52.13	-.323	-.270	7.30
Shame	.442	<b>.701</b>	49.14	-.608	<b>-.501</b>	25.10
$R_c^2$			46.89			37.63
Fundamentalism	.147	.280	7.84	.517	<b>.845</b>	71.40
Original Sin	.097	.306	9.36	.222	<b>.766</b>	58.68
Self-Forgiveness	-.645	<b>-.816</b>	66.59	.363	.255	6.50
God Image Acceptance	.479	<b>.450</b>	19.89	.327	-.131	1.72
God Image Presence	.167	.091	.83	-.577	<b>-.643</b>	41.34
God Image Challenge	-.491	-.027	.07	.231	-.232	5.38
Perceived Parental Rejection	.072	.387	14.98	-.162	-.099	.98
Perceived Parental Warmth	-.110	-.289	8.35	.100	-.004	0
Perc Parental OverProtective	.231	<b>.462</b>	21.34	.079	.124	1.54
						22.89

*Note.* Structure coefficients ( $r_s$ ) greater than .45 are bolded. Communnality coefficients ( $h^2$ ) greater than 45% are bolded. Coef = standardized canonical function coefficients;  $r_s$  = structure coefficient;  $r_s^2$  = squared structure coefficients;  $h^2$  = communality coefficient.

Regarding the predictor variable set in Function 1, self-forgiveness was the primary contributor to the predictor synthetic variable, with secondary contributions by God image acceptance and perceived parental rearing overprotective. Since the structure coefficient for self-forgiveness was negative, it was negatively related to all of the measures of psychological well-being (i.e., scrupulosity, depression, and shame). In other words, the more parishioners were able to self-forgive the less scrupulosity, depression, and shame they experienced. On the other hand, God image acceptance and perceived parental rearing overprotective were both positively related to the measures of psychological well-being.

Moving to Function 2, the coefficients in Table 4 suggest that scrupulosity was the primary relevant criterion variable, with shame making a secondary contribution to the synthetic criterion variable. This conclusion was supported by the squared structure coefficients. These measures of psychological well-being also tended to have the larger canonical function coefficients. Moreover, since the variables' structure coefficients did not have the same sign these psychiatric conditions were inversely related on this function. Regarding psycho-spiritual beliefs, religious fundamentalism and original sin were the dominant predictors with God image presence making a secondary contribution. These religious beliefs were positively related with the exception of God image presence which was inversely related to religious fundamentalism and original sin. Looking at the structure coefficients for the entire function, we see that: (1) religious fundamentalism was positively associated with scrupulosity and inversely related to shame; (2) original sin was positively associated with scrupulosity and inversely related to shame; and (3) God image presence was inversely associated with scrupulosity and positively associated

with shame. In concert, these results were generally supportive of the theoretically expected relationships that define psycho-spiritual abuse.

## CHAPTER FIVE

### DISCUSSION

#### *Addressing Questions and Hypotheses*

This researcher hypothesized that parishioner scrupulosity, depression, and shame are associated with degree of belief in original sin (Hypotheses 1-3), with greater belief fostering more obsessions concerning fear of sin and God's punishment as well as neutralizing compulsions (Hypothesis 1). In addition, greater belief in original sin was also hypothesized to be positively associated with depressive symptomatology (Hypothesis 2) and feelings of shame (Hypothesis 3). Results partially support these hypotheses as degree of belief in the theological doctrine of original sin is positively associated with scrupulosity disorder and negatively associated with shame, but showed no relationship to depression.

The finding that *greater degrees of belief in original sin is positively associated with heightened scrupulous symptomatology* (Hypothesis 1) is not surprising in light of relevant theory and research. At the heart of scrupulous obsessions are fears of sin and God's punishment (Abramowitz, 2008; Abramowitz et al., 2002; Hood, Hill, & Spilka, 2009; Miller & Hedges, 2008). It seems plausible, then, that parental, clerical, and institutional messages that stress humanity's characterological ineptness to fully enter into a loving relationship with God might hinder mental health; especially, when this perpetual "falling short of the glory of God" (Romans 3:23, NRSV) requires constant score-keeping of one's transgressions, lest God's judgment beset the believer.

Abramowitz and colleagues (2004) speculate about the relationship between sin-as-state and obsessive-compulsive disorder by stating that certain Christian doctrines encourage

parishioners “to view themselves as inherently sinful and to pray for forgiveness of their sins, including sinful thoughts” (p. 75). Due to the fact that scrupulosity disorder is a disorder of *one hundred percentness* (Osborn, 2008) the stringent morality of thought emphasized by many Christian faiths may facilitate scrupulous obsessions (Abramowitz et al., 2002). Such one hundred percentness is underscored in the parishioner’s confession of sins.

Epidemiological research by Osborn (2008) shows that prior to the Renaissance scrupulosity disorder was relatively rare; however, with the Catholic church’s re-evaluation of moral theology and new emphasis on the personal confession of all possible sins the Christian was left to wonder if s/he had adequately confessed all wrongdoings: “By the end of the Renaissance...scrupulosity had become a virtual epidemic; mild cases were considered normal, and large numbers of guilt-ridden Christians suffered desperately. The advent of scrupulosity mirrored new developments in the Catholic rite of confession” (Ibid., p. 36). Foucault (2000a, b, c) makes a similar point in his analysis on *pastorship* noting that ceaseless self-examination and awareness of one’s conscience are the tools clergy employ to exert power over their parishioners. In this case, proper confession requires pastoral knowledge of all the parishioner’s public and private (i.e., cognitive or private) sins. Sica et al. (2002) purport that religious teachings that highlight high moral standards, rigid cognitive processes, prohibitions, and purity “are linked to OC phenomena” (p. 821).

The Christian tradition has a lengthy history of fostering one-sided solutions. As discussed earlier, a one-sided solution is an aspect of negative religious coping that involves negative religious framing (Pargament, 1997). In an attempt to maintain the

benevolence of God religious persons may impute wrongdoing to the self by highlighting their sinful state and sinful acts. This is consistent with findings that religious individuals tend to consider positive self-attitudes incongruous with true piety (Branden, 1994; Watson et al., 1985). Consequently, parishioners may experience religious strain (Exline, 2002; Exline et al., 2000) around the “fact” that they are “worthless sinners incapable of pleasing God on their own,” yet are expected to meet stringent moral standards composed of a myriad of prohibitions regarding acceptable thoughts and behaviors. The dissonance inherent in this religious strain may facilitate a torturous cycle in which the parishioner feels morally impotent to adequately fulfill God’s laws, yet feels a Divine responsibility to enact them *as commanded*. Failure to accomplish these imperatives reinforces his/her impotence engendering anxiety and fear regarding his/her perceived failure. In turn, the parishioner may develop the impetus to “try harder” while engaging in anxiety reducing behaviors— such as repeatedly mumbling, “Please forgive me Lord for my sins,”— in order not be punished or be found in a state of sin.

The idea that human beings are inherently inept is a fundamental tenet of Western Christianity. It may not be expressed as such, but most clergy would be quick to point out that without such a presupposition the soteriological role of Jesus would not be necessary. While the theological merits of arguments such as these are outside the scope of this document the belief itself is at the core of this analysis. Sacred text and religious tradition are at the epicenter of understanding *the negative relationship between belief in the doctrine of original sin and shame* (Hypothesis 3) as well as *the negative relationship between religious fundamentalism and shame* (Hypothesis 6). While these results did not support the hypothesized direction of the relationship between original sin and shame,

and religious fundamentalism and shame their negative relationship may be revealing shared psychological processes that are equally important. For this reason these outcomes will be addressed simultaneously.

Cox (2009), Hood and colleagues (2005), Mardsen (2006), Pagels (1988), and Sandeen (1970) unanimously highlight the fundamental role the biblical text plays in informing the fundamentalist Christian's worldview. As such, the interpreted text has much to say about oneself, the world, and others. While interpretations may differ across Christian faiths, for parishioners of more conservative traditions these interpretations tend to be quite literal (Cox, 2009). Because Western Christianity understands the Christian Scriptures (i.e., the "New" Testament) to be a Hegelian progression or realization of the Hebrew Scriptures (i.e., the "Old" Testament), the biblical myth of Adam and Eve contains the anthropological germ by which humanity can understand its relationship to God and self. From the earliest centuries of Christian apologetics this relationship has focused on the rebellious and usurpious nature of humanity vis-à-vis a holy God who in "his" infinite justice cursed humanity according to their original trespass. This "original sin," described spatially as "the fall," underscores the concomitant inadequacies possessed by all subsequent children of humanity. Niebuhr (1996) quotes St. Augustine:

Man's [*sic*] nature was indeed at first created faultless and without sin; but nature as man [*sic*] has it into which everyone who is born from Adam, wants the Physician, being no longer in a healthy state. All good qualities which it still possesses...it has from the most High God, its Creator and Maker. But the flaw which darkens and weakens all these natural goods, it has not contracted from its blameless Creator...but from that *original sin* [emphasis in original] which it



committed of *its own free will* [emphasis in original] (pp. 2421-242).

The Swiss reformer John Calvin (1536/1845) states more forcefully:

Adam was made the depository of the endowments which God was pleased to bestow on human nature, and that, therefore, when he lost what he had received, he lost not only for himself but for us all... Thus from a corrupt root corrupt branches proceeding, transmit their corruption to the saplings which spring from them. The children being vitiated in their parents, conveyed the taint to the grandchildren; in other words, corruption commencing in Adam, is, by perpetual descent, conveyed from those proceedings to those coming after them... Children come not by spiritual regeneration but carnal descent. Accordingly, as Augustine says, “Both the condemned unbeliever and the acquitted believer beget offspring not acquitted but condemned, because the nature which begets is corrupt.”...Original sin, then, may be defined a hereditary corruption and depravity of our nature, extending to all parts of the soul, which first makes us obnoxious to the wrath of God, and then produces in us works which in Scripture are termed works of the flesh... Hence even infants bringing their condemnation with them from their mother’s womb, suffer not for another’s, but for their own defect. For although they have not yet produced the fruits of their own unrighteousness, they have the seed implanted in them. Nay, their whole nature is, as it were, a seed-bed of sin, and therefore cannot but be odious and abominable to God (Bk. 2, Ch. 1, Sec. 7-8).

The emerging portrait of humanity is one of global deficiency. Even in Christian faiths where the theological concept of grace is presupposed to mitigate unhealthy

psychiatric outcomes (Watson et al., 1998c) most forms of grace require the believer to resign all personal volition and efficacy in receiving and enacting or “living in” such grace. The impetus behind these rules of thumb are based in the assumptions of original sin and belief in original sin is a staple of fundamental Christian religion. In other words, human beings *as* human beings are incapable of receiving and living in God’s grace because they are inept sinners and *true believers* must accept this tenet as gospel if they are to consider themselves part of the elect. Consequently, only God can draw humanity to accept this grace and then empower the believer to live in such grace. In either case, subscription to the belief that human beings are wholly deficient is inextricably bound up with religious fundamentalism because it is perceived to be a literal, biblical teaching.

These fundamental tenets of Western Christianity are not vague concepts. Indeed, they are the lenses through which many parishioners are instructed to view themselves, the world, and others. This is supported by research which suggests that Christian dogma highlights the shortcomings, failures, and trespasses of the self (Berecz & Helm, 1998; Pattison, 2000). Therefore, these religious beliefs become part and parcel of the parishioner’s worldview. Since shame requires the evaluation of the self by the self in response to subjective feelings of being seen (Kaufman, 1996, M. Lewis, 1995, Pattison, 2000) it is not difficult to envisage how years of Christian indoctrination in a core belief by a religious system that stresses the ineptness of the self would result in shame-prone parishioners; however, results suggest that this core belief and religious system are negatively associated with shame.

A possible explanation for these outcomes is that the fundamentalist religious system itself, along with its a priori beliefs, may insulate its parishioners from shame by

limiting their involvement in-the-world. In order for a person to experience the subjective feelings of shame s/he must engage his/her world in such a manner that exposes his/her worldview to possible change and in some instances scrutiny. In other words, to fully engage the world means that one must be open to other systems of thought and ways of Being that may be novel and even discomfoting. Research suggests that parishioners who engage society in a limited fashion usually hold more religious fundamentalist beliefs (Altmeyer & Hunsberger, 2004), which is consistent with the composition of this sample. In addition, religious fundamentalists have also been found not to value freedom of scientific inquiry, tolerance, and newspaper reading—activities that require significant engagement with ideas that may be diametrically opposed to their religious values (Rigney & Hoffman, 1993). Poland's findings that Church of Christ parishioners, a denomination that is typically more conservative than mainline churches, score significantly higher on other-directed shoulds and tough-mindedness than Church of Religious Science attendees, echo these sentiments of rigidity and close-mindedness among the religious conservative. Hence, it is conceivable that such parishioners experience less shame due to the fact that shameful affect requires that a person feel seen and/or exposed before others (Pattison, 2000) yet their religious communities limit such interactions by emphasizing communion with the ecclesial community where core beliefs tend to be shared. Therefore, the more parishioners retreat into their insular church worlds they limit the situations in which they may experience shame.

While symptom reduction is usually encouraging, this does not seem to be the case here. What these results suggest is that religious fundamentalist systems that espouse an inept view of the self do not furnish the parishioner with sufficient internal

resources to engage the world in a healthier manner. Additionally, they also suggest that parishioners who hold such inept views of the self may belong to religiously rigid faith communities that restrict psychological growth.

Although this reality may provide comfort, solace, and happiness, it may also lock the believer in and prevent effective living. To decide whether it does, we must assess the effects of this reality on the individual's life; we must consider not only whether it is *experienced* [emphasis in original] as liberating or enslaving but also whether it *functions* [emphasis in original] to liberate or to enslave (Batson, Schoenrade, & Ventis, 1993, p. 198).

These results may be indicators that such psycho-religious beliefs may function in psychologically enslaving ways.

It was also hypothesized that parishioner scrupulosity, depression, and shame are positively associated with parishioner degree of religious strictness (i.e., fundamentalism) (Hypotheses 4-6), with greater degrees of fundamentalism associated with more scrupulosity (Hypothesis 4), depression (Hypothesis 5), and shame (Hypothesis 6—discussed above). These hypotheses were partially supported in that greater degrees of religious fundamentalism were positively associated with scrupulosity, negatively associated with shame, but showed no relationship with depression.

CCA results suggest that *parishioners who hold more religious fundamentalist views experience increased obsessions and fears regarding sin and God's punishment as well as compulsively engage in more neutralizing behavior(s)* (Hypothesis 4). These results are consistent with theory and research which suggest that fundamentalist parishioners are at greater risk for developing scrupulosity disorder because of the

premium their religious traditions place on thought control (Abramowitz et al., 2004; Cohen & Rozin, 2001; Rassin & Koster, 2003, Sica et al., 2002). In fact, the over importance of thoughts and the excessive concern about the importance of controlling one's thoughts are two of the six prominent obsessive-compulsive belief domains considered to foster scrupulosity disorder (The Obsessive Compulsive Cognitions Working Group, 1997). In addition, it stands to reason that the essential *fundamental* of biblical inerrancy (Cox, 2009) plays a significant role in perpetuating perhaps the most pernicious cognitive catastrophic misinterpretation associated with scrupulosity, perfectionism (Ibid., Osborn, 2008).

For religious fundamentalists Scripture is to be interpreted literally wherever it lends itself to literal interpretation (Mardsen, 2006). Therefore, biblical admonitions to holiness are understood to be Divine mandates. For example, Ephesians 5:27 (NRSV) states that the church (i.e., the corporate body of believers) should be “without spot or wrinkle... holy and without blemish.” Hebrews 12:14 (NRSV) encourages the parishioner to pursue “holiness *without which no one* [italics added] will see the Lord,” and 1 Peter 1:15-16 (NRSV) instructs the believer to be holy “*in all your conduct* [italics added]; for it is written, ‘You *shall be* [italics added] holy, for I am holy.’” Parishioners of more orthodox Christian faiths are typically taught that failure to comply with such imperatives renders them liable to God's wrath and punishment both terrestrially and in the after life. Consequently, parishioners with stronger fundamentalist beliefs may be more likely to engage in TAF, which takes the primary forms of “magical” and “as-if” thinking (Rachman, 1997).

Due to the fact that in as-if thinking thoughts are synonymous with actions (Ibid., Muris et al., 2001), the scrupulous person lives under the ever-present stress of attaining God-like perfection in the cognitive and performance domains of life. Consequently, the anxiety that ensues from the fear of possibly transgressing against such stringent demands is understandably crippling. Therefore, these results, which indicate that parishioners with greater fundamentalist beliefs concomitantly engage in more neutralizing compulsions, make sense. It should also be noted that scrupulous persons whose obsessions are of the repugnant taxonomy engage in self-affirming rituals such as checking by proxy and developing cognitions of goodness and safety (Abramowitz et al., 2002; Hood et al., 2009; Miller & Hedges, 2008; Purdon, 2008; Sica et al., 2002; Steketee et al., 1991). The fact that parishioners with higher fundamentalist scores seek self-affirmation from religious leaders, friends, and loved ones as a means to placate their obsessive fears of sin and God's punishment suggests that the self has suffered significant insult.

Additional hypotheses stated that parishioner scrupulosity, depression and shame are associated with parishioner God-representations (Hypotheses 7-15). These hypotheses were partially supported in that non-accepting God-representations were positively associated with scrupulosity (Hypothesis 7), depression (Hypothesis 8), and shame (Hypothesis 9) and non-present God-representations were negatively associated with scrupulosity (Hypothesis 10) as well as positively associated with shame (Hypothesis 12); hypotheses 11, 13, 14, and 15 were not supported.

*Non-accepting God-representations were positively associated with obsessions and fears of sin and God's punishment with concomitant neutralizing compulsions among*

*parishioners* (Hypothesis 7). Given that the acceptance subscale of the GIS is a measure of rudimentary goodness (Lawrence, 1997) and answers the questions, “Am I *good enough* to be loved;” and “Am I *good enough* for God to love;” these findings are sensible. For the committed Christian, being near to God signifies spiritual health and growth in holiness or sanctity. In essence, such feelings of communion with the Divine are indicators that the believer is “fighting the good fight” (1 Timothy 1:18c, NRSV) in his/her spiritual journey. In other words, under such circumstances the person feels that s/he is “good enough” for God to love. As previously elucidated, the verb *to sanctify* denotes a positive separation in that it signifies that the parishioner has been separated for God. This separation or consecration is a product of *holiness*—the Greek word *hagios*, which means “holy” is also translated as “sanctity;” therefore, the state of holiness and the act of sanctification are inextricably bound-up together. Notwithstanding, to grow in holiness necessarily means that the believer must remain sinless due to the theological tenet that God is holy and cannot dwell where sin exists:

Abide in me as I abide in you. Just as the branches cannot bear fruit by itself unless it abides in the vine, neither can you unless you abide in me. I am the vine, you are the branches... Whoever does not abide in me is thrown away like a branch and withers; such branches are gathered, thrown into the fire, and burned... *If you keep my commandments* [italics added], you will abide in my love... (John 15:4-5a, 6, 10a, NRSV).

Sin too separates, but in an expulsing manner away from God. Hence, when a believer transgresses against God, self, or neighbor s/he may become acutely aware of the cognition that s/he has been separated from God; or better said, that God has separated

God's self from him/her. In such instances the believer may feel that s/he is "not good enough" for God to love. When Divine love, care, presence, and ministrations are perceived to be contingent on the parishioner's "goodness" and/or "badness" the attachment between the believer-child and God-parent may be likened to the anxious-ambivalent attachment where the fear of separation engenders anticipatory anxiety and results in a deeply emotional, all-consuming, and obsessive relationship to the love-object (Granqvist & Kirkpatrick, 2008; Papalia, Wendkos Olds, & Duskin Feldman, 2002). Hence, it is not difficult to imagine why parishioners with greater non-accepting God-representations experience increased scrupulosity. The obsessive quality of the relationship may heighten the parishioner's sense of responsibility and perfectionism, two of the six catastrophic misinterpretations associated with obsessive-compulsive disorder and scrupulosity (The Obsessive Compulsive Cognitions Working Group, 1997). Due to the fact that the most common religious obsessions include committing sins, blasphemy, hell, God's punishment, sex, and aggression (Abramowitz, 2008; Abramowitz et al., 2002; Miller & Hedges, 2008; Steketee et al., 1991) scrupulous symptomatology itself reinforces the believer's perceptions: (1) "God is not present"; (2) "God cannot be present because of my sinful thoughts and behavior;" (3) "I am unacceptable to God and it's my fault"; and (4) "The fact that I am unacceptable to God means that I am not good enough for God to love."

CCA results suggest *non-accepting God-representations are positively associated with depressive symptomatology* (Hypothesis 8). Such finding is not surprising given previous research which suggests that feeling alienated from God is a strong predictor of depression (Exline, 2002; Exline et al., 2000). Such research suggests that negative self-



appraisals play an important role in these feelings of estrangement. The current findings, however, deepen our understanding of how these feelings of disunion may operate.

As previously noted, the acceptance subscale of the GIS is a measure of rudimentary goodness (Lawrence, 1997). As such, it answers two basic yet related questions: “Am I *good enough* to be loved;” “Am I *good enough* for God to love?” Research shows that children whose primary caregivers are neglectful, inconsistent, untrustworthy, as well as verbally, physically, and sexually abusive tend to possess non-accepting God-representations in later life (Balthazar, 2007; Goodman & Manierre, 2008; Reinert & Edwards, 2009). Sound psychological theory allows us to reason that the parent-child relationship, which anchors and informs all other relationships in life, teaches such children that they are “not good enough” to receive the most essential, life-validating and human inclusive affect of all, love. In turn, the child develops a primitive intrapsychic God-representation that either corresponds to their wounded experience of the primary objects or creates a compensated representation of the divine in an attempt to rectify the parental objects’ shortcomings (Granqvist & Kirkpatrick, 2008). In either case, the child turned parishioner is likely to be left with nagging adverse self-attributions regarding issues of primitive goodness and acceptance. Consequently, the perfectionistic nature of higher levels of religious fundamentalist demands and the central soteriological Christian tenet that human beings are in essence sinful, inept, and depraved beings may promote or exacerbate depressive symptomatology for those parishioners who feel that God’s acceptance is conditional.

*Non-accepting God-representations were positively associated with shame* (Hypothesis 9). As previously stated, the acceptance subscale of the GIS asks the

fundamental question, “Am I *good enough* for God to love” (Lawrence, 1997). The “simple” answer usually provided by more conservative Christian faith groups to this question is, “No! *No one* is good enough for God to love.” This staunch response is based in the anthropological tenet that human beings possess a base nature that requires transcendence (Mardsen, 2006). Transcendence, however, is not a product of human will or desire, but of God’s grace. A grace that cannot be resisted— Augustine refers to it as *prevenient* and Calvin as *irresistible*— and which purports to ontologically alter the believer. Therefore, this transcendence is often spoken of in terms of *re-birth* (e.g., being “born again”). This spiritual re-birth notwithstanding, the believer does not enjoy nor partake of the Adamic nature. On the contrary, sin continues to be an integral experience of the re-born condition. What changes is the parishioner’s painful awareness (i.e., s/he becomes wary) of each cognitive and/or enacted sin and the concomitant consequences for such transgressions. Due to the theological assertion that “God the Father’s” holy nature does not permit “him” to abide in the presence of the slightest hint of imperfection or taint it is incumbent upon the re-born son or daughter to transcend even this spiritual state. The new plane of spiritual existence is that of holiness.

Traditional Christian language makes it very clear that even in a state of re-birth there exists a true absence of God in the life of the believer. Indeed, the believer is literally *not good enough* to be accepted by God before or after his/her conversion. The theological language of *justification* explicates this. The doctrine of justification is modeled after the legal system in which a criminal stands before a judge for sentencing. In this case, the prosecutor may be described as the Divine Law, which convicts all those who have transgressed against it, or as Satan, whose role in the *Divine Council* (see Job

chapter 1) is to accuse or instigate. The defense attorney is Jesus the Christ (i.e., the Messiah) who satisfies the judge's demand for justice with his very blood—the understanding is that the accused sinner is ontologically incapable of paying his/her own debt and that only God “himself” can satisfy humanity's sin debt. Therefore, the theological construct of justification teaches that the judge's (i.e. God's) wrath is satisfied by Jesus' death on the cross. Therefore, when the sinful believer stands before God for judgment the only reason God can stand the presence of the believer is because God is gazing at the blood of Jesus (i.e., Jesus) in the re-birthed person. In other words, God is looking at the justice of Christ and not at that of the believers'. Hence, God's gaze is not fixed upon the person as such, but essentially upon “himself” because the believer is not *good enough* to be contemplated by his/her “Heavenly Father.”

Most conservative Christian faiths are imbued with the message that humanity is “not good enough.” In fact, “If humanity were good enough,” they would argue, “it would be able to save itself.” These salient messages of inadequacy may injure the self in various ways. It may very well be that the feelings of exposure that the shame-prone parishioner experiences proceed most directly from the institutional church and her leaders (i.e., clergy, Sunday school teachers, etc.) who mediate in very real ways the adjudicating presence of God. In this sense they are God's proxies present for the moment of judgment. These proxies may also activate the parishioner's private God-representation who in more conservative religious circles is likely to possess subtle to blatant characteristics of non-acceptance. Research by Shariff and Norenzayan (2007) suggests that even slight activation of these mechanisms, by which parishioners feel that they are being watched by God, increases pro-social behavior. Such findings further

suggest that parishioners may feel that their current behavior, when exposed before God, is not good enough therefore requiring reparative works of social good. There exists an uncanny resemblance between the god-like figures of childhood that are employed as pedagogical instruments in educating our children that they must be good enough to receive an end reward and the Christian God whom we have created in our own image (Freud, n.d.). The god-like qualities of Santa Clause, who “sees you when you’re sleeping,” who “knows when you’re awake,” and who “knows if you’ve been bad or good...” are the same qualities possessed by the parishioner’s private God. A God who constantly *sees*, always *knows*, and scrupulously keeps a twice-checked list of the inept parishioner’s trespasses cannot be experienced as anything other than “a shame-generating monster” (Pattison, 2000, p. 241) even by those who have been justified.

Another finding related to the relationship between God-representations and psychological well-being is that *God-representations imbued with components of divine absence are negatively associated with scrupulous symptomatology* (Hypothesis 10). Though this particular result may appear to contradict the findings of hypothesis 7, it is in fact completely harmonious with the research literature regarding religious strain (Exline, 2002; Exline et al., 2000) that suggests religious strains and comforts operate independently of each other (Harris et al., 2008). The presence subscale of the GIS is primarily a measure of belonging (Lawrence, 1997). Therefore it asks and seeks to answer two separate yet related questions, “Do I belong;” and “Is God there for me?” At first glance it may seem counterintuitive to endorse a statement along the following lines: “For every one-unit increment in the perception ‘I do not belong, therefore God is not there for me,’ there is approximately a three quarters of a symptom *decrease* in

scrupulosity.” However, for parishioners struggling with obsessions concerning fear of sin and God’s punishment the further removed God is perceived to be from the believer the more psychic relief s/he enjoys. It seems reasonable that this would be the case since the scrupulous parishioner’s obsessions of moral perfection, uncertainty about committed and forgiven sins, along with all sorts of doubts and disagreeable thoughts would escape the direct scrutiny of the Panopticon (Foucault, 2000a); or in Nietzschean (trans. 1969) terms, the parishioner would attain some respite from the maddening eyes of God: “...eyes that saw *everything*—he [God] saw the depths and abysses of man [*sic*], all man’s [*sic*] hidden disgrace and ugliness “ (p. 278).

These results indicate that God’s perceived presence or lack thereof can be both comforting and distressing. For parishioner’s with salient scrupulous obsessions and compulsions, feeling that s/he is not in a symbiotic relationship with God, therefore experiencing greater degrees of God’s perceived absence, serves to mitigate scrupulous symptomatology. On the other hand, for parishioners whose private God is less accepting, greater distance may be equated with internal attributions that foster scrupulosity.

*Non-present God-representations are positively associated with greater shame* (Hypothesis 12). This finding is sensible in light of M. Lewis’ (1995) cognitive attribution theory. According to M. Lewis, the affective experience of shame requires: (1) pre-established norms and standards; (2) personal evaluation of the transgressed standards; and (3) an intropunitive attribution of the self. Research consistently shows that parishioners reared in more fundamentalist homes are at greater risk for developing shame-prone selves, especially when religious beliefs are introspective, punitive, and

harsh (Ibid., Pattison, 2000). Though this study did not collect demographic data regarding whether participants were born into religious homes, given that approximately 53% of the sample belonged to their respective faith traditions more than 20 years and that approximately 33% were between the ages of 18 to 34, it stands to reason that a substantial number of participating parishioners were reared in a religious environment. Further, the majority of the sample espoused above average fundamentalist views (the theoretical mean of the RRFS is 65 and the actual sample  $M = 69.4$ ,  $SD = 30.21$ ). Therefore, it may be conservatively argued that a fair number of participants were reared in religious environments that traditionally emphasize adherence to stringent moral norms and religious behaviors. These familial and institutional codes function as “internalized judges” (H. B. Lewis, 1987, p. 15; M. Lewis, 1995). Therefore, when the parishioner transgresses s/he may experience acute feelings of filth, defilement, deficiency, and being put on display (Kaufman, 1996; M. Lewis, 1995; Pattison, 2000), accompanied by desires to hide, shrink, disappear and even die (Tangney & Dearing, 2002).

Such shame responses arise from the super-ego’s judgment of the self. The representational world of parental, institutional, and god-objects, which reside in the depths of the super-ego, adjudicate without impunity. Suddenly the piercing gaze of these objects shines a bright light upon the darkest recesses of the human soul. For highly devout parishioners the complex relationship between parental, institutional, and god-objects may be more salient in the parishioner’s God-representation. Subsequently, all mediated and non-mediated forms of God’s perceived gaze may produce the following global self attribution—actually experienced by this researcher the first time he entered a movie theatre at age 22: (1) “The church teaches that it is a sin to go to the movie theatre.

They (i.e., authority figures that mediate God) also say that if Jesus returns while you happen to be at the theatre you will be ‘left behind;’ (2) “Well now that I’m here, ‘I pray Lord, that you’ll forgive me of my sin and help me not to feel so anxious;’ (3) “My acute anxiety and feelings of guilt serve to confirm that I am seriously sinning against God. How can I call myself a true Christian?” The global attribution made in that particular instance was that I was deficient, a defector, and a horrible sinner. While God’s gaze was searing there was a concomitant experience of God as “not there for me.” The dilemma the fervent believer faces when s/he transgresses can be summed, “How can God be there for me when I am not there for God?” For parishioners who experience greater degrees of God’s absence the self-attributions that are likely to predominate are those of disgust, inadequacy, lack of goodness, and failure (Baldwin et al., 2006; M. Lewis, 1995). These attributions tend to increase phenomenological experiences of shame and contribute to more global, stable, negative self-attributions (M. Lewis, 1995; Tangney & Dearing, 2002). Therefore it appears that non-present God-representation that are positively associated with shame are injurious to the self.

It was also hypothesized that parishioner scrupulosity, depression, and shame are impacted by the parishioner’s ability to self-forgive with psychiatric symptoms adversely increasing with an inability to self-forgive and psychiatric symptoms decreasing with increased ability to self-forgive (Hypotheses 16-18). These hypotheses were fully supported as *self-forgiveness was negatively associated with scrupulosity* (Hypothesis 16), *depression* (Hypothesis 17), and *shame* (Hypothesis 18) respectively. In fact, it was the primary contributor to the predictor synthetic variable in Function 1. These results were expected given that research shows consistent negative relationships between self-

forgiveness and depression, anxiety, shame, and neuroticism (Fisher & Exline, 2006; Hall & Fincham, 2005; Mauger et al., 1992; Mullet et al., 2005; Ross et al., 2004). Moreover, the covariance between non-accepting God-representations and self-forgiveness as well the covariance of parental rearing practices perceived as rejecting and self-forgiveness suggest that parishioners whose God-representation are more accepting and for whom parental rearing practices are not overprotective are better able to self-forgive (see Table 4). These findings are consistent with research that links neuroticism with difficulty engaging in intrapersonal forgiveness (Mullet et al., 2005; Ross et al., 2004, 2007). Since overprotective parenting styles are predictive of neuroticism (Arrindell et al., 1999; Magnussen, 1991) it stands to reason that parishioners with overprotective perceptions of parental rearing would have difficulty self-forgiving. In addition, since the accepting subscale of the GIS is a measure of rudimentary goodness and answers the basic question, “Am I good enough,” (Lawrence, 1997) it is also sensible that parishioners who have difficulty accepting their intrinsic goodness would also struggle to self-forgive.

Additional hypotheses posited that: (a) parishioner parental rearing practices perceived as overprotective would be positively associated with obsessions concerning fear of sin and God’s punishment as well as neutralizing compulsions (Hypothesis 19); (b) greater perception of overprotective parenting would be positively associated with depression (Hypothesis 20); and that parental rearing perceived as overprotective would be positively associated with feelings of shame (Hypothesis 21). These hypotheses were fully supported as perceived parental over-protectiveness was positively associated with scrupulosity, depression, and shame among parishioners.



The *positive association between greater levels of perceived parental overprotection and scrupulosity disorder* (Hypothesis 19) is consistent with research in the symptom formation of obsessive-compulsive disorder (Lennertz, Grabe, Ruhrmann, Rampacher, Vogeley, Schilze-Rauschenbach, Ettelt, Meyer, Kraft, Reck, Pukrop, John, Freyberger, Klosterkötter, Maier, Fallcai, & Wagner, 2010; Wilcox, Grados, Samuels, Riddle, Bienvenu, Pinto, Cullen, Wang, Shugart, Liang, & Nestadt, 2008). While this investigator is not aware of any research that tests this relationship directly, due to the fact that scrupulosity disorder is a subtype of OCD it stands to reason that both disorders may share some of the same etiological factors (Abramowitz, 2008). Based on prior research one may surmise that maternal over-protectiveness is predictive of scrupulosity disorder and that paternal care serves as a protective factor (Wilcox et al., 2008). It may also be deduced that parental OCD is not predictive of scrupulosity disorder (Ibid; Lennertz et al., 2010). Therefore, one of the factors that seems to matter most in the development of obsessive-compulsive type disorders is the restricting nature present in the parent-child relationship; a relationship which may have similar dynamics as rigid forms of religiosity. While these results may not neatly map onto the pathological course of scrupulosity disorder they may serve as a heuristic for understanding the complex relationship between familial upbringing and scrupulosity.

Indeed, it appears that *parenting perceived as rigid and restricting (i.e., overprotective) also shares a positive relationship with depression* (Hypothesis 20). Research with religiously fundamentalist families suggests that they are characterized by rigidity and higher levels of enmeshment (Denton & Denton, 1992; Whipple, 19987). These findings help qualify the small effect size found in the significant, positive

correlation between religious fundamentalism and overprotective parental rearing noted in Table 2. Research consistently shows that when parental overprotection is elevated persons tend to engage in coping styles, such as self-blame, rumination, day-dreaming, and miracle-seeking, that inhibits their effectiveness in metabolizing stressors, thus contributing to depressive symptomatology (Uehara, Sakado, Sato, & Someya, 1999). Moreover, Magnussen (1991) has concluded that children of overinvolved (i.e., overprotective) parents tend to express depressive symptomatology at clinical levels. Such results have been consistently reported in the literature by Dugen, Sham, Mime, Lee, and Murray (1998), MacKinnon, Henderson, and Andrews (1993), Plantes, Prusoff, Breman, and Parker (1988) as well as by Shah & Waller (2000). As discussed above in hypothesis 12, due to the fact that it may be conservatively argued that a fair number of participants were reared in religiously conservative environments it seems plausible that shared religious and familial rigidity may be the mechanism by which parishioners in this sample deleteriously experience depression.

The finding that *parental overprotection is positively associated with shame among parishioners* (Hypothesis 21) was also expected. Research suggests that overprotective parents set and enforce boundaries rigidly, engage in controlling and restrictive parenting behavior, require detailed accounting of their children's whereabouts, plans, and activities, and are generally described as anxious worriers (Arrindell et al., 1999). Since shame concerns the global self's perception that it is inadequate, incompetent, and defective (Kaufman, 1996; Pattison, 2000; Tangney & Dearing, 2002) it is not difficult to imagine how an overprotective parenting style may

create shame-prone individuals. In an attempt to assuage their own anxieties, overprotective parents put their children's sense of self "on display."

It was further hypothesized that parishioner parental rearing practices perceived as rejecting would be positively associated with depression (Hypothesis 22) and shame (Hypothesis 23). These hypotheses were not supported.

Finally, this researcher hypothesized that parental rearing practices perceived as emotionally warm by the parishioner would be negatively associated with scrupulosity (Hypothesis 24), depression (Hypothesis 25), and shame (Hypothesis 26) respectively. Counter to these hypotheses, support was found wanting in the CCA. Therefore, perceived parental rearing as emotionally warm was not negatively associated with scrupulosity, depression or shame among parishioners (Hypotheses 24-26).

Additional findings of interest that are predictive in nature and not hypothesized about in this analysis may be consulted in Appendix L.

#### *Evaluating the Cylindrical Model of Psycho-Spiritual Abuse*

The goal of this study is to contribute to the current body of research literature as it pertains to religiosity and psychological well-being in a meaningful manner. Specifically, this study has tested nuanced aspects of religious beliefs and their relationship to the psychological maladies of scrupulosity, depression, and shame. Additionally, this author believes that to test these relationships independent of familial upbringing is misguided and myopic as both theory and research suggest that the beginnings of religion are familial. Therefore, based on theory and available research, a model of psycho-spiritual abuse encapsulating specific domains of religious beliefs and familial upbringing was developed and submitted to statistical scrutiny. The analyses undertaken are consistent with admonitions in the field to explore those aspects organic

to religiosity that may be associated with specific psychological disturbances (Bergin, 1992; Exline, 2002; Exline et al., 2000; Flannelly et al., 2009; Harris et al., 2008; Heise & Steitz, 1991; Smith et al., 2003; Miller & Hedges, 2008; Pargament, 2002; Patrick & Kinney, 2003).

Results reveal that greater degrees of belief in the theological doctrine of original sin as well as greater adherence to religious fundamentalist ideologies are directly and indirectly associated with scrupulous and depressive symptomatology as well as with shame-prone feelings and actions in unhealthy ways. Results also indicate that God-representations, intrapsychic representations of early child-hood experiences, later tailored by parental surrogates such as clergy and institutionalized religion, also play an essential role in scrupulosity, depression, and shame in hypothesized ways. Hence, such results further implicate the centrality of religious ideologies in the expression of psychopathology. Additionally, results seem to suggest that the direct familial contribution to the expression of psychopathology among parishioners appears to be weaker (i.e., secondary) than that of religious beliefs; this statement is based on the fact that perceived parental rearing practices were secondary contributors to the synthetic variable of psycho-spiritual beliefs in both Function 1 and 2.

Finally, these results are consistent with theory and research which suggest that the primary mechanism through which (non-statistically speaking) religious beliefs as well as familial upbringing impact parishioner psychological well-being is the resulting view of the self they engender (Beck, 1967; Ellis, 1960a, b, 1976, 1980, 1992, 2000; Freud, 1923; Hansen, 1998; M. Lewis, 1995; Markus, 1977; Pattison, 2000; Tangney & Dearing, 2002). Therefore, given all of these data this researcher is cautiously confident

that the proposed model of psycho-spiritual abuse is sound. As such, it provides an initial heuristic for aiding clinicians working with patients of varying Christian faiths whom may be struggling with scrupulous, depressive, and shame symptoms as well as well as provides researchers in the field with valuable information regarding the reality of psycho-spiritual abuse, its phenomenology, and developmental course.

### *Therapeutic Considerations*

These results suggest that victims of psycho-spiritual abuse may not seek psychological treatment for a variety of reasons. First, while parishioners may experience nagging obsessions, fears of sin and punishment, as well as depressive and shame symptoms, they may attribute these phenomena to spiritual matters. Consequently, they may feel that their symptoms are physical indicators of spiritual maladies that require additional faith, prayer, confession, and/or alternate forms of mortification. Additionally, research suggests that scrupulous persons tend to be more high functioning due to the fact that obsessions are typically more common than compulsive behavior, thus masking the need for professional help in many instances (Abramowitz et al., 2002; Van Ornum, 1997); current results lend additional support to such findings. Moreover, symptom expression may be predominately minimal to moderate rather than severe. While additional research is needed to verify this possibility, it is a reasonable assumption given that religious institutions, such as churches, are not filled with identifiably psychologically ill persons.

However, in the event that victims of psycho-spiritual abuse are seen in therapy their abusive experience(s) may go unexplored, unnoticed, and/or invalidated. A potential reason for this is that psychotherapeutic orientations differ in their therapeutic

goals. Therefore, for those practitioners who view symptom reduction as the *sine qua non* of successful therapy, sole emphasis may be placed on dismantling irrational thoughts, etc. without ever discovering the experience behind the dysfunctional or maladaptive cognition(s). Another roadblock is the literature, primarily present in the psychology of religion, that dismisses even the slightest possibility that psycho-spiritual abuse may exist (e.g., see Koenig et al., 2001). Moreover, most clinicians have been trained to think of trauma and abuse in a very narrow manner. Thusly, clinicians may only consider combat situations, rape, spousal abuse, or any other assault that results in near death experience as the only valid forms of trauma and abuse. This is understandable given the severe and disorganizing behavior that accompanies post-traumatic stress disorder and other trauma related diagnoses. However, psycho-spiritual abuse requires a different conceptualization of abuse and symptom presentation. Just as life experiences and psychological distress exist along a continuum, so too does abuse and its symptomatic expression. Therefore, on the more extreme end of the continuum may lie dissociative identity disorder due to chronic childhood sexual abuse; further down on the continuum may lie the war veteran and his/her struggle with nightmares, flashbacks, dissociative episodes, explosive anger, and avoidant behavior; somewhere below that may lie the chronically depressed patient who was raped a decade prior; and perhaps somewhere below that lies the person who endured years of psycho-spiritual abuse and is now struggling with scrupulosity or depressed mood. Another difficulty clinicians may experience in recognizing the validity as well as verity of psycho-spiritual abuse regards identification of the perpetrator and the ethical implications this raises for treatment.

In an attempt to empirically answer the question, “Is religion freeing or enslaving,” Batson and colleagues (1993) conclude that even if one agrees with the research which suggests that an internal religious orientation (i.e., a mature religious sentiment) (Allport, 1950; Allport & Ross, 1967) is associated with psychological health or “freedom,” “...the believer becomes less capable of free, critical reflection... In this way devout, intrinsic religion seems to offer freedom with bondage, *bondage to the belief system itself* [italics added]” (p. 198). Therefore regardless of whether a parishioner’s religious orientation is intrinsic or extrinsic, it stands to reason that the “abuser,” in the complex dynamic of psycho-spiritual abuse, is the religious system that fosters bondage to its religious tenets itself. In other words, the polemic of psycho-spiritual abuse is a systemic religious malady. Therefore, psycho-spiritual abuse differs from other types of abuse in the sense that perpetrators are diffuse and not readily identifiable to themselves or to their victims. In fact, this author speculates that the purblind nature of psycho-spiritual abuse in part exists because: (1) perpetrators are persons/institutions of good will; (2) perpetrators aid persons in spiritual, physical, and psychological distress; (3) as persons and institutions of good will, perpetrators provide their consumers with systems of belief that provide meaning; and (4) generally speaking, perpetrators are entrusted by society with the authority and responsibility of legislating ethical and moral behavior—what I am not saying is that all persons and institutions who adhere to religious belief systems are perpetrators or victims of psycho-spiritual abuse. This raises the thorny issue of ethical treatment.

Malony (1994) suggests five therapeutic treatment options available to the clinician upon assessment of the impact religiosity bears on psychiatric symptoms; three

of them seem applicable in the treatment of psycho-spiritual abuse. When religious beliefs are deemed to be unrelated or ineffectual to the presenting problem(s) the clinician may choose to *disregard* them. The counter possibility is to *annihilate* such religious beliefs: “To take the *annihilate* [emphasis in original] option,” says Malony, “would assume that the person’s functional religion was completely destructive and needed obliterating...” (p. 22). The third option available to the clinician is to *correct* those aspects of the parishioner’s religious world-view that may be erroneous and detrimental to his/her mental health. However, this option assumes that there exist healthy aspects of religious functioning already in place for the believer to draw upon.

To disregard a patient’s religious beliefs even when deemed “non-problematic” does a disservice to both the patient and the clinician. Choosing to disregard such valuable information regarding the patient’s world-view is to disregard possible strengths, weaknesses, and sources of intervention. On the other hand, even in the case of psycho-spiritual abuse it seems potentially harmful to annihilate the parishioner’s religious propensities. This statement is based on research suggesting that many other aspects of religiosity, such as social support, foster mental health (Ellison & Levin, 1998; Ellison et al., 2001, 2009; George et al., 2002; Vandervoort, 1999). Ideally, clinicians would desire to “correct” the pernicious beliefs that aid in perpetuating psycho-spiritual abuse in order to restore psychological well-being; however, even this possibility poses some difficulties.

First, the patient would need to identify the abuse as the presenting therapeutic concern. In other words, the patient would need to be conscious that s/he is seeking psychological treatment for issues regarding abusive spirituality. Under such



circumstances the Axis I diagnosis of *Religious or Spiritual Problems* under “other conditions that may be a focus in clinical attention” of the DSM-IV (American Psychiatric Association, 2000) may be employed and the clinician may deal directly with the patient’s concerns. However, it seems more plausible that the parishioner may seek treatment for his/her depressive or scrupulous symptomatology rather than identifying as a victim of spiritual abuse. In such cases, it is not recommendable that the clinician outright challenge the patient’s religious beliefs that may be contributing to his/her psychiatric difficulties as this may be experienced as invalidating, threatening, and anti-religious by the patient. Rather, the clinician should listen for and explore the meaning and function of God-representations, right-religion, view(s) of human nature, attribution styles, church attendance/non-attendance, and familial upbringing with the patient. In addition, the clinician should study the patient’s body language for hints of disavowed shame. Though additional research is required in order to devise and test useful clinical interventions for victims of psycho-spiritual abuse, clinicians can glean from this and previous research in order to work toward fostering a sense of healthy-minded religiousness in affected parishioners (James 1902/2002). This can be achieved in part through helping the patient become more accepting of him/herself, more self-forgiving (Fisher & Exline, 2006; Hall & Fincham, 2005; Mauger et al., 1992; Mullet et al., 2005; Romero et al., 2006; Ross et al., 2004; Tangney et al., 2005), and more self-compassionate (Neff, 2004).

#### *Limitations and Future Research*

This study contains several limitations that warrant commentary. One such limitation regards the sample’s predominant European American ethnic composition. While this is typical of online research it is certainly not ideal or representative of the

population at large (Gosling et al., 2004). In addition, the sample was composed of parishioners whom had been reared primarily in the Southern and Southwestern regions of the U.S.. In addition, snowball sampling is non-probabilistic in nature; therefore, generalizing the findings should be done with caution (Kalton & Anderson, 1986; Kline, 2005). Moreover, due to the nature of online research, a factor that may have influenced the manner in which some participants responded was the “uncontrolled” administration of the measures. That is, parishioners completed the measures separately, at different times of the day, under different environmental conditions, etc. (Buchanan & Smith, 1999). While these possibilities are beyond the control of the investigator, research suggests that the anonymity afforded by the distance between the subject and researcher increases honesty (Buchanan & Smith, 1999; Gosling et al., 2004; Nosek et al., 2002).

Another possible limitation concerns the retrospective nature of measuring parental rearing and the possibility of recall bias (Wilcox et al., 2008). However, research suggests that perceived parental rearing is more relevant to mental health than actual rearing (Lennertz et al., 2010; Parker, 1983). Furthermore, the study’s cross-sectional design does not allow us to determine the direction of causality. In other words, it is not possible to say with absolute certainty whether parishioner held religious beliefs and parental rearing affects mental health or whether parishioner mental health affects religious beliefs. Finally, due to the fact that CCA is a correlation design it is not possible to prove causality. However, Batson and colleagues (1993) note:

“...observation of an empirical relationship (i.e., a correlation) can serve as a stepping-stone to explanation and understanding. And, under certain circumstances, such an observation can even make a contribution to theory testing” (p. 384). In spite of the

aforementioned limitations, due to the fact that this study tests a specific theory based on research stemming from varied fields of study this researcher believes that these data yield confirmation for an initial model of psycho-spiritual abuse.

In order to deepen, extend, and validate the expounded model of psycho-spiritual abuse replication studies need to be conducted. In addition, research should include greater representation of ethnic minority parishioners as well as parishioners from underrepresented regional areas in order to probe differences in the association between religious beliefs and mental health by ethnicity and region. Finally, additional research among clergy would also be useful in order to test mental health differences between clergy and parishioners.

## APPENDIX A



OFFICE OF RESEARCH SUPPORT

THE UNIVERSITY OF TEXAS AT AUSTIN

P.O. Box 7426, Austin, Texas 78713 (512) 471-8871 -FAX (512) 471-8873  
North Office Building A, Suite 5.200 (Mail code A3200)

FWA # 00002030

Date: 02/10/10

PI(s): **Daniel Garcia**

Department & Mail Code:

Title: **Religious Beliefs and Developmental Factors in the  
Psychological Well-Being of Differing Protestant Faith  
Groups**

IRB APPROVAL – IRB Protocol # 2009-12-0008

Dear: **Daniel Garcia**

In accordance with Federal Regulations for review of research protocols, the Institutional Review Board has reviewed the above referenced protocol and found that it met approval under an Expedited category for the following period of time: **02/10/2010 - 02/09/2011** . (expires 12am [midnight] of this date.)

Expedited category of approval:

☐ (1) Clinical studies of drugs and medical devices only when condition (a) or (b) is met. (a) Research on drugs for which an investigational new drug application (21 CFR Part 312) is not required. (Note: Research on marketed drugs that significantly increases the risks or decreases the acceptability of the risks associated with the use of the product is not eligible for expedited review). (b) Research on medical devices for which (i) an investigational device exemption application (21 CFR Part 812) is not required; or (ii) the medical device is cleared/approved for marketing and the medical device is being used in accordance with its cleared/approved labeling.

☐ (2) Collection of blood samples by finger stick, heel stick, ear stick, or venipuncture as follows: (a) from healthy, non-pregnant adults who weigh at least 110 pounds. For these subjects, the amounts drawn may not exceed 550 ml in an 8 week period and collection may not occur more frequently than 2 times per week; or (b) from other adults and children, considering the age, weight, and health of the subjects, the collection procedure, the amount of blood to be collected, and the frequency with which it will be collected. For these subjects, the amount drawn may not exceed the lesser of 50 ml or 3 ml per kg in an 8 week period and collection may not occur more frequently than 2 times per week.

☐ (3) Prospective collection of biological specimens for research purposes by Non-invasive means.  
Examples:

- (a) hair and nail clippings in a non-disfiguring manner;
- (b) deciduous teeth at time of exfoliation or if routine patient care indicates a need for extraction;
- (c) permanent teeth if routine patient care indicates a need for extraction;
- (d) excreta and external secretions (including sweat);
- (e) uncannulated saliva collected either in an un-stimulated fashion or stimulated by chewing gumbase or wax or by applying a dilute citric solution to the tongue;
- (f) placenta removed at delivery;
- (g) amniotic fluid obtained at the time of rupture of the membrane prior to or during labor;

- (h) supra- and subgingival dental plaque and calculus, provided the collection procedure is not more invasive than routine prophylactic scaling of the teeth and the Process is accomplished in accordance with accepted prophylactic techniques;
- (i) mucosal and skin cells collected by buccal scraping or swab, skin swab, or mouth washings;
- (j) sputum collected after saline mist nebulization.

☐ (4) Collection of data through noninvasive procedures (not involving general anesthesia or sedation) routinely employed in clinical practice, excluding procedures involving x-rays or microwaves. Where medical devices are employed, they must be cleared/approved for marketing. (Studies intended to evaluate the safety and effectiveness of the medical device are not generally eligible for expedited review, including studies of cleared medical devices for new indications). Examples:

- (a) physical sensors that are applied either to the surface of the body or at a distance and do not involve input of significant amounts of energy into the subject or an invasion of the subject's privacy;
- (b) weighing or testing sensory acuity;
- (c) magnetic resonance imaging;
- (d) electrocardiography, electroencephalography, thermography, detection of naturally occurring radioactivity, electroretinography, ultrasound, diagnostic infrared imaging, doppler blood flow, and echocardiography;
- (e) moderate exercise, muscular strength testing, body composition assessment, and flexibility testing where appropriate given the age, weight, and health of the individual.

☐ (5) Research involving materials (data, documents, records, or specimens) that have been collected, or will be collected solely for non-research purposes (such as medical treatment or diagnosis). (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(4). This listing refers only to research that is not exempt).

☐ (6) Collection of data from voice, video, digital, or image recordings made for research purposes.

☒ (7) Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. (NOTE: Some research in this category may be exempt from the HHS regulations for the protection of human subjects. 45 CFR 46.101(b)(2) and (b)(3). This listing refers only to research that is not exempt).

☒ Please use the attached approved informed consent

☒ You have been granted Waiver of Documentation of Consent

According to 45 CFR 46.117, an IRB may waive the requirement for the investigator to obtain a signed consent form for some or all subjects if it finds either:

☒ The research presents no more than minimal risk

AND

☒ The research involves procedures that do not require written consent when performed outside of a research setting

<OR>

☐ The principal risks are those associated with a breach of confidentiality concerning the subject's participation in the research

AND

☐ The consent document is the only record linking the subject with the research

AND

☐ This study is not FDA regulated (45 CFR 46.117)

AND

☐ Each participant will be asked whether the participant wishes documentation linking the participant with the research, and the participants wishes will govern.

**You have been granted Waiver of Informed Consent**

According to 45 CFR 46.116(d), an IRB may waive or alter some or all of the requirements for Informed consent if:

- ☐ The research presents no more than minimal risk to subjects;
- ☐ The waiver will not adversely affect the rights and welfare of subjects;

- ☐ The research could not practicably be carried out without the waiver; and
- ☐ Whenever appropriate, the subjects will be provided with additional pertinent information they have participated in the study.
- ☐ This study is not FDA regulated (45 CFR 46.117)

**RESPONSIBILITIES OF PRINCIPAL INVESTIGATOR FOR ONGOING PROTOCOLS:**

- (1) Report **immediately** to the IRB any unanticipated problems.
- (2) Proposed changes in approved research during the period for which IRB approval cannot be initiated without IRB review and approval, except when necessary to eliminate apparent immediate hazards to the participant. Changes in approved research initiated without IRB review and approval initiated to eliminate apparent immediate hazards to the participant must be promptly reported to the IRB, and reviewed under the unanticipated problems policy to determine whether the change was consistent with ensuring the participants continued welfare.
- (3) Report any significant findings that become known in the course of the research that might affect the willingness of subjects to continue to take part.
- (4) Insure that only persons formally approved by the IRB enroll subjects.
- (5) Use **only** a currently approved consent form (remember approval periods are for 12 months or less).
- (6) **Protect the confidentiality of all persons and personally identifiable data, and train your staff and collaborators on policies and procedures for ensuring the privacy and confidentiality of participants and information.**
- (7) Submit for review and approval by the IRB all modifications to the protocol or consent form(s) prior to the implementation of the change.
- (8) Submit a **Continuing Review Report** for continuing review by the IRB. Federal regulations require **IRB review of on-going projects no less than once a year** (a Continuing Review Report form and a reminder letter will be sent to you 2 months before your expiration date). Please note however, that if you do not receive a reminder from this office about your upcoming continuing review, it is the primary responsibility of the PI not to exceed the expiration date in collection of any information. Finally, it is the responsibility of the PI to submit the Continuing Review Report before the expiration period.
- (9) Notify the IRB when the study has been completed and complete the Final Report Form.
- (10) Please help us help you by including the above protocol number on all future correspondence relating to this protocol.

Sincerely,



Jody L. Jensen, Ph.D.  
Professor  
Chair, Institutional Review Board

## Informed Consent

Title: Religious Beliefs and Developmental Factors in the Psychological Well-Being of Differing Protestant Faith Groups  
IRB PROTOCOL # 2009-12-0008

Conducted By: Daniel Garcia, M.T.S., M.A.

Of The University of Texas at Austin: *Department / Office*; Educational Psychology, Counseling  
Psychology Telephone: (210) 884-8064  
daniel.garcia@mail.utexas.edu

Faculty Sponsor: Ricardo Ainslie, Ph.D.

Of The University of Texas at Austin: *Department / Office*; Educational Psychology, Counseling  
Psychology Telephone: (512) 471-0364

You are being asked to participate in a research study. This form provides you with information about the study. The person in charge of this research will also describe this study to you and answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part. Your participation is entirely voluntary. You can refuse to participate without penalty or loss of benefits to which you are otherwise entitled. You can stop your participation at any time and your refusal will not impact current or future relationships with UT Austin or participating sites. To do so simply tell the researcher you wish to stop participation. The researcher will provide you with a copy of this consent for your records.

**The purpose of this study** is to better understand the relationship between religiosity and psychological well-being. Approximately 100 participants will participate in this study.

**If you agree to be in this study, we will ask you to do the following things:**

- Visit a secure website and consent to the study;
- Complete a survey that includes questions about demographics, religion, and psychological well-being.

**Total estimated time to participate** in study is approximately 20-30 minutes.

**Risks** of being in the study:

- The risk associated with this study is no greater than everyday life. This means you may experience some discomfort as you respond to some religious question(s), but remember that you are not required to answer any question you that do not wish to answer and that you may discontinue this study at any point. In the event that you become distressed and wish to speak to a mental health professional please contact 311 for information on contacting a mental health professional or call 911 if you experience an emergency.

**Benefits** of being in the study:

- There is no direct benefit to participating in this study, however, your contribution to this research is impacting a new field of inquiry in the study of the psychology of religion.

**Compensation:**

- There is no cost or monetary compensation for participating in this project. By participating in this study you will be made aware of the general findings of the study once all statistical analyses have been conducted.

**Confidentiality and Privacy Protections:**

- You may complete this study at the time and location of your choosing;
- You will not be asked to reveal any identifying information such as your name, social security number, address, etc.;
- In order to ensure the integrity of the data as well as your anonymity, secure server line (SSL) technology will protect the web site link and data pages during transmission;
- You may refuse to answer any question;
- You may quit the study at any time by clicking on the “leave study now” icon located at the bottom of each Internet page;
- All data will be stored in a password secure, external hard drive that will be kept under lock and key in the primary investigator’s off campus office;
- The data resulting from your participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate you with it, or with your participation in any study.

The records of this study will be stored securely and kept confidential. Authorized persons from The University of Texas at Austin and members of the Institutional Review Board have the legal right to review your research records and will protect the confidentiality of those records to the extent permitted by law. All publications will exclude any information that will make it possible to identify you as a subject. Throughout the study, the researchers will notify you of new information that may become available and that might affect your decision to remain in the study.

**Contacts and Questions:**

If you have any questions about the study please ask now. If you have questions later, want additional information, or wish to withdraw your participation call the researchers conducting the study. Their names, phone numbers, and e-mail addresses are at the top of this page. If you have questions about your rights as a research participant, complaints, concerns, or questions about the research please contact Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support at (512) 471-8871 or email: [orsc@uts.cc.utexas.edu](mailto:orsc@uts.cc.utexas.edu).

***You will be given a copy of this information to keep for your records.***



## Debriefing Form

Dear Participant,

Thank you for participating in this study. We understand that you may want to take extra precautions to ensure no one else can access your responses to the survey. Below are two methods that will help keep anyone else from accessing your survey answers.

Suggestions on how to further PROTECT YOUR CONFIDENTIALITY:

1. After completing the survey, be sure to close the browser window. This will ensure that other individuals will not have access to your survey responses by pressing the “back” button.
2. Be sure to delete temporary Internet files. This will ensure that other individuals will not be able to access your survey responses if subsequent participants were to open the webpage (using the same computer) to complete the survey.

The purpose of this study is to better understand how a person’s religious beliefs affect their mental health in three distinct areas: (1) depression; (2) anxiety; and (3) shame. In particular, this study seeks to understand how religious beliefs that speak about how one should view themselves is related to the aforementioned mental health categories. The religious beliefs that are specifically being studied are the theological construct of Original Sin, forgiveness of self, and one’s perception of God. Understanding that our life experiences shape us, particularly those of early childhood via the relationship we have with early caregivers, this study also seeks to understand just how much of our mental health outcomes (i.e., depression, anxiety, and shame) are accounted for by these developmental factors and how much is accounted for by our religious beliefs. In the informed consent you were provided before beginning the study you were told: “The purpose of this study is to better understand the relationship between religiosity and psychological well-being.” The exact nature of the study could not be disclosed to you at that time due to the possibility that knowledge of the study’s aim may have influenced your responses either positively or negatively thus skewing the data. If you have any questions or concerns you may contact the Primary Investigator:

Daniel Garcia, M.T.S., M.A.  
Of The University of Texas at Austin  
Educational Psychology/Counseling Psychology  
Telephone: (210) 884-8064  
E-mail: [daniel.garcia@mail.utexas.edu](mailto:daniel.garcia@mail.utexas.edu)

If you have questions about your rights as a research participant, complaints, concerns, or questions about the research please contact Jody Jensen, Ph.D., Chair, The University of Texas at Austin Institutional Review Board for the Protection of Human Subjects at (512) 232-2685 or the Office of Research Support at (512) 471-8871 or email: [orssc@uts.cc.utexas.edu](mailto:orssc@uts.cc.utexas.edu).

You will be given a copy of this information to keep for your records. Finally, if you would like to edit your data click on the icon below labeled “Redact Data.”

Again, thank you for your participation.

Best regards,

Daniel Garcia

## APPENDIX B

### Initial Development of the Original Sin Scale Items

Beginning with personal experience in the field of theological studies this researcher constructed a pool bank of 10 items that were felt to encapsulate the core features typically associated with the orthodox teaching of the doctrine of *Original Sin*—i.e., the Christian anthropological stance that due to Adam and Eve’s spiritual transgression against God all humanity necessarily possesses a universal and hereditary sinful essence (Taylor, 1983). Through additional research, consultation with theologians, psychologists in the field of the psychology of religion, and peer feedback this researcher narrowed the scale to include the 5 items these experts deemed most clear, straightforward, and essential to original sin. However, at the time of statistical analysis, this researcher decided to include the original 10 items.

### Overview of the Present Study

The purpose of this study was to examine the psychometric properties of the Original Sin Scale (OSS) items and to pursue scale formation via factor analysis. It was hypothesized that the OSS items would load on a single factor thus confirming the homogeneity of the items. In addition, it was expected that the OSS items would strongly correlate with other measures of Christian orthodox belief as well as show no relationship with an unrelated measure, thus providing evidence of convergent and discriminant validity (Cohen & Swerdlik, 2002).

## Method

### *Participants*

The sample was composed of 178 subjects (100 females, 78 males) from the Educational Psychology Subject Pool at The University of Texas at Austin during the 2009 fall semester. The subjects received class credit for their participation and were approximately ethnically equally represented- 24.7% Asian American, 24.2% Latino/Hispanic American, 23% European American, and 21.9% African American with the remaining participants self-identifying as Bi-Ethnic (4.5%) and Middle Eastern (1.7%). Participants ranged in age from 18 to 44, however the sample consisted predominately of those between the ages of 18 and 24 (96.1%) followed by those 25-34 (3.4 %) and 35-44 (.6%) respectively. Participants were mainly Christian Protestant (38.2%) and Christian Catholic (33.7%) with the remaining participants indicating Agnostic (14%), Atheist (6.7%), Buddhist (3.4%), Hindu (2.8%), and Muslim (.6%) as their religious affiliation. Finally, participants indicated that they attended religious services: never (28.1%), weekly (27.5%), occasionally (22.5%), on special occasions (12.9%), and monthly (9%).

### *Procedures*

Subjects were told that they would be participating in a study that looked at differing religious belief systems. They were then directed to an online site hosted by SurveyMonkey where they completed an electronic informed consent form, demographic questionnaire, the 10 items from the OSS item bank, Altmeyer and Hunsberger's (2004) Revised Religious Fundamentalism Scale (RRFS), Hunsberger's (1989) Short Christian Orthodoxy Scale (SCO), and Rosenvinge and colleague's (2001) Eating Disturbance

Scale (EDS-5). Upon completion of the questionnaires participants were fully debriefed regarding the purpose of the study.

### *Instruments*

The following instruments were employed in the current study in addition to the 10 items from the OSS item bank.

Revised religious fundamental scale. The Revised Religious Fundamentalism Scale (RRFS) (Altmeyer and Hunsberger, 2004) is a 12-item self-report instrument that measures the degree to which a person believes that his/her religious outlook contains the most “fundamental, basic, intrinsic, essential, inerrant truth” (p. 50). Subjects are instructed to respond to each item on a 9-point Likert scale anchored at -4 (*very strongly disagree*) and +4 (*very strongly agree*) with 0 being an exact and precise *neutral*. Sample statements include: “God has given humanity a complete, unfailing guide to happiness and salvation, which must be totally followed;” “The basic cause of evil in the world is Satan, who is still constantly and ferociously fighting against God;” and “When you get right down to it, there are basically only two kinds of people in the world: the Righteous, who will be rewarded by God; and the rest, who will not.”

One of the strengths of the RRFS is that it allows the participant to deal with what may be conflicting feelings about a statement by allowing him/her to weigh differing parts of it independently. In turn the participant may numerically rate these troublesome ideas independently of each other and sum each part to obtain their score for that particular statement. In order to avoid negative scores the subject’s total score is obtained by summing all 12 items on a converted 1 to 9 scale and adding a constant of 5 to the summed score. This yields a minimum score of 17 and a maximum score of 113

with a theoretical mid-point of 65. Higher scores indicate greater levels of fundamentalism and vice-versa. The RRFS is reported to possess an alpha reliability coefficient of .91, which is equal to or greater than its parent scale (Altmeyer and Hunsberger, 2004). Finally, the RRFS is appropriate for use with persons of differing religious faiths.

**Short christian orthodoxy scale.** The Short Christian Orthodoxy Scale (SCO) (Hunsberger, 1989) is a 6-item self-report instrument that measures Christian orthodoxy. Subjects are instructed to respond to each item employing a 7-point Likert scale anchored at -3 (*strongly disagree*) and +3 (*strongly agree*) with 0 being an exact and precise *neutral*. Sample statements include: “Jesus Christ was the divine Son of God;” “The concept of God is an old superstition that is no longer needed to explain things in the modern era;” and “Through the life, death, and resurrection of Jesus, God provided a way for the forgiveness of people’s sins.” In order to avoid negative scores the subject’s total score is obtained by summing all 6 items on a converted 1 to 7 scale. This yields a minimum score of 6 and a maximum score of 42 with a theoretical midpoint of 28. Higher scores indicate greater adherence to Christian orthodoxy and vice-versa. The SCO is reported to possess alpha reliability coefficients of .93 to .95 across differing samples.

**Eating disturbance scale.** The Eating Disturbance Scale (EDS-5) (Rosenvinge, Perry, Bjorgum, Bergersen, Silvera, & Holte, 2001) is 5-item instrument that screens for problematic eating disorders in non-clinical populations. Subjects are instructed to respond to each item on a 7-point Likert scale anchored at 1 (*very satisfied*) and 7 (*very unsatisfied*) regarding their experiences over the past 30 days. Sample questions include:

“Have you felt guilty about eating;” “Are you satisfied with your eating habits;” and “Have you eaten to comfort yourself because you were unhappy?” A total score is obtained by summing the subject’s response to all 5 items producing a minimum score 5 of and a maximum score of 35. Higher scores indicate the presence of a problematic eating disorder. The EDS-5 reports alpha reliability coefficients of .83 and .86 across samples.

## Results

An exploratory factor analysis with principal –factors extraction was performed on the proposed OSS 10-item bank. This analysis found that all 10 components had eigenvalues greater than 1. A two-factor solution emerged with items 1, 2, 3, 4, 5, 8, 9, and 10 loading on factor 1, item 6 loading on factor 2, and item 7 loading on both factors 1 and 2. Table 1 shows the factor loading for the two-factor solution. After removing items 6 and 7 the factor analysis revealed a unidimensional solution for items 1, 2, 3, 4, 5, 8, 9, and 10. Component 1 was the strongest accounting for approximately 66% of the variance. A reliability analysis employing these 8 items was conducted yielding a Cronbach’s alpha of .93.

Table 1  
*Principal components of the original 10-Items Factor Loadings*

Item Number	Factor 1	Factor 2
1. Human nature is sinful.	.772	.012
2. People are born with a tendency to sin.	.772	-.027
3. Human nature became sinful because Adam and Eve disobeyed God.	.854	.269
4. Humanity does not possess a sinful nature.	.658	.134
5. Only God can restore humanity to its original state of innocence.	.828	.202
6. When God created humanity, God created it with a sinful nature.	-.287	.892
7. A person’s sinful nature is mostly responsible for all the evil deeds s/he commits.	.686	-.420
8. The urges to drink, smoke, curse, and have pre-marital sex are all influenced by our sinful nature.	.848	-.027
9. Humanity needs God’s forgiveness because of its sinful nature.	.865	.178
10. From the moment of conception, human beings are tainted with a sinful nature.	.816	-.074

The 8-items were submitted to a confirmatory factor analysis in order to further investigate the stability of the exploratory factor structure and to confirm its unidimensionality. This analysis demonstrated that all 8 items load on a common factor. However, further study of the standardized regression weights indicated that item 4, the con-trait of item 1, had the weakest impact on belief in original sin explaining approximately 35% of the variance. Due to the fact that it contributes the least to the measurement of belief in original sin and because it is a con-trait of an already existing item that accounts for approximately 48% of the variance item 4 was dropped (see Table 2). Table 2b shows the new standardized weights for the model statistics after deleting item 4.

Table 2  
*Confirmatory Factory Analysis Model Statistics*

Standardized Regression Weights			Estimate
OS10	<---	Original Sin	.762
OS9	<---	Original Sin	.852
OS8	<---	Original Sin	.796
OS5	<---	Original Sin	.855
OS4_R	<---	Original Sin	.591
OS3	<---	Original Sin	.872
OS2	<---	Original Sin	.702
OS1	<---	Original Sin	.685

Table 2b  
*Confirmatory Factory Analysis Model Statistics*

Standardized Regression Weights			Estimate
OS10	<---	Original Sin	.770
OS9	<---	Original Sin	.892
OS8	<---	Original Sin	.804
OS5	<---	Original Sin	.865
OS3	<---	Original Sin	.876
OS2	<---	Original Sin	.682
OS1	<---	Original Sin	.697



Confirmatory factor analysis results indicate that a significant difference between the hypothesized model and the lack of a model exists ( $\chi^2 = 66.635$  [ $df = 14$ ;  $p = < .001$ ]). In addition, the *comparative fit index* (CFI) suggests that the hypothesized model represents an adequate fit to the data (CFI = .939). The *incremental fit index* (IFI = .939) as well as the *Tucker-Lewis index* (TLI = .908) also suggest a well fitting model. However, the *root mean square error of approximation* (RMSEA) suggest that the model fits the data rather poorly (RMSEA = .150 with a 90% interval of .115 and .187). A potential reason for this outcome may be that the items are redundant. Therefore, checking the modification indices and removing such items would potentially make the model more parsimonious (Byrne, 2010).

The remaining 7 items were resubmitted to principal component analysis. Table 3 shows a one-factor solution reemerged with all 7 components obtaining eigenvalues greater than 1. Component 1 was the strongest accounting for approximately 69% of the variance. A reliability analysis employing the 7 items was conducted yielding a Cronbach's alpha of .93.

Table 3  
*Principal components of the 7-Item Original Sin Scale Factor Loadings*

Item Numer	Factor 1
1. Human nature is sinful.	.759
2. People are born with a tendency to sin.	.767
3. Human nature became sinful because Adam and Eve disobeyed God.	.882
5. Only God can restore humanity to its original state of innocence.	.859
8. The urges to drink, smoke, curse, and have pre-marital sex are all influenced by our sinful nature.	.846
9. Humanity needs God's forgiveness because of its sinful nature.	.881
10. From the moment of conception, human beings are tainted with a sinful nature.	.824

Convergent as well as discriminant validity were explored employing Pearson correlations between the 7 items of the OSS, the RRFS (Altmeyer and Hunsberger, 2004), the SCO (Hunsberger, 1989), and the EDS-5 (Rosenvinge et al., 2001). Table 4 indicates that the OSS correlated strongly with the RRFS (.75) and SCO (.70) alike

establishing convergent validity. However the OSS showed no relationship with the EDS-5 (-.021) establishing discriminant validity.

Table 4  
*Correlations Between Measured Variables*

	<i>M</i>	<i>SD</i>	1	2	3	4
1. OSS	29.34	11.31	-			
2. RRFS	56.37	24.14	.75**	-		
3. SCO	34.05	10.64	.70**	.75**	-	
4. EDS-5	16.20	6.98	-.02	-.04	.02	-

*Note.* OSS = Original Sin Scale; RRFS = Revised Religious Fundamentalism Scale; SCO = Short Christian Orthodoxy Scale; EDS-5 = Eating Disturbance Scale.

\*\*  $p < .01$ , two-tailed.

## General Discussion

Given the lack of an employable instrument in psychological research to measure the degree of belief in the theological construct of original sin the OSS satisfies this need. While in its nascent stages, the OSS demonstrates acceptable psychometric properties in a brief and straightforward measure. It demonstrates convergent validity with some of the most widely empirically validated measures in the psychology of religion, possesses discriminant validity, and enjoys a reliability coefficient of .926. Further studies are needed to replicate the properties of this unidimensional measure and further confirmatory factor analytic studies are necessary to explore at greater length the fit of the model to the data.

## APPENDIX C

**Demographic Data:** Please check the choice that best describes you in each of the categories.

**Age:**

\_\_\_\_\_ 18 – 24 \_\_\_\_\_ 25 – 34 \_\_\_\_\_ 35 – 44 \_\_\_\_\_ 45 – 54 \_\_\_\_\_ 55 – 64

**Race (check 1 or more that best describes your race):**

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian, Asian American, or  
Other Pacific Islander

\_\_\_\_\_ Other (write in): \_\_\_\_\_

**How do you identify ethnically?**

\_\_\_\_\_ Asian American- *Specify:* \_\_\_\_\_ African American- *Specify:* \_\_\_\_\_

\_\_\_\_\_ Hispanic or Latino- *Specify:* \_\_\_\_\_ European American- *Specify:* \_\_\_\_\_

\_\_\_\_\_ Middle Eastern- *Specify:* \_\_\_\_\_ Bi-ethnic; parents are from two different  
groups- *Specify:* \_\_\_\_\_

\_\_\_\_\_ Other (write in): \_\_\_\_\_

**Region where you have spent most of your life:**

\_\_\_\_\_ Northeast \_\_\_\_\_ Midwest \_\_\_\_\_ South \_\_\_\_\_ Southwest \_\_\_\_\_ West \_\_\_\_\_ West Coast

\_\_\_\_\_ Outside the U.S.A. (write in): \_\_\_\_\_

**Sex:**

\_\_\_\_\_ Male \_\_\_\_\_ Female

**Relationship Status:**

\_\_\_\_\_ Single \_\_\_\_\_ Dating \_\_\_\_\_ Engaged \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced

\_\_\_\_\_ Widowed

**Education:**

\_\_\_\_\_ Less than high school \_\_\_\_\_ High school graduate or G.E.D., no college \_\_\_\_\_ Some college, no  
degree

\_\_\_\_\_ Associate degree \_\_\_\_\_ Bachelor's degree \_\_\_\_\_ Master's degree \_\_\_\_\_ Doctoral degree

**Occupation:** (write in): \_\_\_\_\_

**Household Size (Including self):** \_\_\_\_\_

**Income:**

\_\_\_\_\_ Less than \$ 10,000 \_\_\_\_\_ \$10,000 to \$24,999 \_\_\_\_\_ \$25,000 to \$44,999 \_\_\_\_\_ \$45,000 to \$74,999

\_\_\_\_\_ \$75,000 to \$99,999 \_\_\_\_\_ \$100,000 or more

**Denomination Affiliation (e.g., Lutheran, Methodist, Nazarene, Baptist, etc.):**

\_\_\_\_\_ Write in

**How long have you been practicing your current religious affiliation?**

\_\_\_\_\_ Less than 1 year \_\_\_\_\_ 1 – 5 years \_\_\_\_\_ 6 – 10 years \_\_\_\_\_ 11 – 15 years \_\_\_\_\_ 16 – 20 years

\_\_\_\_\_ More than 20 years

**Did you attend another place of worship before you started attending your current church?**

\_\_\_\_\_ Yes \_\_\_\_\_ No (If “no” skip the next two questions)

***How long did you attend your previous place of worship?***

\_\_\_\_ Less than 1 year \_\_\_\_ 1 – 5 years \_\_\_\_ 6 – 10 years \_\_\_\_ 11 – 15 years \_\_\_\_ 16 – 20 years  
\_\_\_\_ More than 20 years

***Why did you leave your previous place of worship?***

\_\_\_\_ Moved cities \_\_\_\_ Disagreed with church teaching(s) \_\_\_\_ Interpersonal conflict \_\_\_\_  
\_\_\_\_ Other; Please write in: \_\_\_\_\_

***How long have you attended your current place of worship?***

\_\_\_\_ Less than 1 year \_\_\_\_ 1 – 5 years \_\_\_\_ 6 – 10 years \_\_\_\_ 11 – 15 years \_\_\_\_ 16 – 20 years  
\_\_\_\_ More than 20 years

***How often do you attend religious services?***

\_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_ Occasionally \_\_\_\_ On special occasions

***Have you been diagnosed with a psychiatric disorder (e.g. Depression, Anxiety, Bipolar, etc.)?***

\_\_\_\_ Yes (If “Yes” please answer the remaining questions on this page)  
\_\_\_\_ No (If “No” you may omit the remaining questions on this page)

***How long ago were you diagnosed?***

\_\_\_\_ Less than 1 year \_\_\_\_ 1 – 5 years \_\_\_\_ 6 – 10 years \_\_\_\_ 11 – 15 years \_\_\_\_ 16 – 20 years  
\_\_\_\_ More than 20 years

***Are you currently taking medication for your psychiatric symptoms?***

\_\_\_\_ Yes \_\_\_\_ No

***How long have you been taking psychiatric medication(s)?***

\_\_\_\_ Less than 1 year \_\_\_\_ 1 – 5 years \_\_\_\_ 6 – 10 years \_\_\_\_ 11 – 15 years \_\_\_\_ 16 – 20 years  
\_\_\_\_ More than 20 years

## APPENDIX D

### The Revised 12-Item Religious Fundamentalism Scale

This survey is part of an investigation of general public opinion concerning a variety of social issues. You will probably find that you *agree* with some of the statements, *disagree* with others, to varying extents. Please indicate your reaction to each statement by marking your opinion on the line to left of each statement, according to the following scale:

-4 if you *very strongly disagree* with the statement.

-3 if you *strongly disagree* with the statement.

-2 if you *moderately disagree* with the statement.

-1 if you *slightly disagree* with the statement.

+1 if you *slightly agree* with the statement.

+2 if you *moderately agree* with the statement.

+3 if you *strongly agree* with the statement.

+4 if you *very strongly agree* with the statement.

If you feel exactly and precisely *neutral* about an item, mark “0.”

You may find that you sometimes have different reactions to different parts of a statement. For example, you might *very strongly disagree* (“-4”) with one idea in a statement, but *slightly agree* (“+1”) with another idea in the same item. When this happens, please combine your reactions, and write down how you feel on a balance (a “-3” in this case).

- \_\_\_\_\_ 1. God has given humanity a complete, unfailing guide to happiness and salvation, which must be totally followed.
- \_\_\_\_\_ 2. No single book of religious teachings contains all the intrinsic, fundamental truths about life.
- \_\_\_\_\_ 3. The basic cause of evil in this world is Satan, who is still constantly and ferociously fighting against God.
- \_\_\_\_\_ 4. It is more important to be a good person than to believe in God and the right religion.
- \_\_\_\_\_ 5. There is a particular set of religious teachings in this world that are so true, you can't go any “deeper” because they are the basic, bedrock message that God has given humanity.
- \_\_\_\_\_ 6. When you get right down to it, there are basically only two kinds of people in the world: the Righteous, who will be rewarded by God; and the rest, who will not.

- \_\_\_\_\_ 7. Scripture may contain general truths, but they should NOT be considered completely, literally true from beginning to end.
- \_\_\_\_\_ 8. To lead the best, most meaningful life, one must belong to the one, fundamentally true religion.
- \_\_\_\_\_ 9. “Satan” is just the name people give their own bad impulses. There really is *no such thing* as a diabolical “Prince of Darkness” who tempts us.
- \_\_\_\_\_ 10. Whenever science and sacred scripture conflict, *science* is probably right.
- \_\_\_\_\_ 11. The fundamentals of God’s religion should never be tampered with, or compromised with others’ beliefs.
- \_\_\_\_\_ 12. *All* of the religions in the world have flaws and wrong teachings. There is *no* perfectly true, right religion.

## APPENDIX E

### The State Self-Forgiveness Scale

Think of something you have done that you consider to be wrong or to have contributed to a conflict in a relationship. The questions on this form should be answered according to your current attitudes about yourself in relation to your role in the wrongdoing or conflict.

When answering the following set of questions, place each word in the blank in the sentence given. Then mark the circle that best describes how you **feel** about yourself right now regarding the wrongful event.

*“As I consider what I did that was wrong, I feel \_\_\_\_\_.”*

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
... compassionate toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... rejecting of myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... accepting of myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... dislike toward myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When answering the following set of questions, please each word in the blank. Then mark the circle that best describes how you **act** toward yourself right now regarding the wrongful event.

*“As I consider what I did that was wrong, I \_\_\_\_\_.”*

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
... show myself acceptance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... show myself compassion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... punish myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... put myself down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

When answering the following set of questions, please each word in the blank. Then mark the circle that best describes how you **think** about yourself right now regarding the wrongful event.

***“As I consider what I did that was wrong, I believe I am \_\_\_\_\_.”***

	Strongly disagree	Disagree	Slightly disagree	Slightly agree	Agree	Strongly agree
... acceptable.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... okay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... awful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... terrible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... decent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... rotten.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... worthy of love.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... a bad person.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
... horrible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

***“As I consider what I did that was wrong, I have forgiven myself \_\_\_\_\_.”***

not at all	a little	mostly	completely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



## APPENDIX F

### The God Image Scales- 36 Item Version

Please respond to each statement by circling the response that comes closest to describing your feelings:

S.A., for Strongly Agree, if the statement is a particularly good way of describing how you feel about God.

A, for Agree, if the statement just adequately describes your feelings about God.

D, for Disagree, if the statement does not adequately describe your feelings about God.

SD, for Strongly Disagree, if the statement is a particularly bad way of describing your feelings about God.

1. I am sometimes anxious about whether God still loves me.	SA A D SD
2. I am confident of God's love for me.	SA A D SD
3. God does not answer when I call.	SA A D SD
4. I know I'm not perfect, but God loves me anyway.	SA A D SD
5. I have sometimes felt that I have committed the unforgivable sin.	SA A D SD
6. God never challenges me.	SA A D SD
7. Thinking too much could endanger my faith.	SA A D SD
8. I can feel God deep inside of me.	SA A D SD
9. God's love for me has no strings attached.	SA A D SD
10. God doesn't feel very personal to me.	SA A D SD
11. Even when I do bad things, I know God still loves me.	SA A D SD
12. I can talk to God on an intimate basis.	SA A D SD
13. God nurtures me.	SA A D SD
14. I get no feeling of closeness to God, even in prayer.	SA A D SD
15. God loves me only when I perform perfectly	SA A D SD
16. God loves me regardless.	SA A D SD
17. God takes pleasure in my achievements.	SA A D SD
18. God keeps asking me to try harder.	SA A D SD
19. God is always there for me.	SA A D SD
20. Being close to God and being active in the world don't mix.	SA A D SD

21. I often worry about whether God can love me.	SA A D SD
22. God wants me to achieve all I can in life.	SA A D SD
23. God's love for me is unconditional.	SA A D SD
24. God asks me to keep growing as a person.	SA A D SD
25. God doesn't want me to ask too many questions.	SA A D SD
26. I am not good enough for God to love.	SA A D SD
27. I sometimes feel cradled in God's arms.	SA A D SD
28. God has never asked me to do hard things.	SA A D SD
29. God feels distant to me.	SA A D SD
30. I think human achievements are a delight to God.	SA A D SD
31. I rarely feel that God is with me.	SA A D SD
32. I feel warmth inside when I pray.	SA A D SD
33. God encourages me to go forward on the journey of life.	SA A D SD
34. God never reaches out to me.	SA A D SD
35. God doesn't mind if I don't grow very much.	SA A D SD
36. I sometimes think that not even God could love me.	SA A D SD

## APPENDIX G

### Penn Inventory of Scrupulosity

*Instructions:* The following statements refer to experiences that people sometimes have. Please indicate how often you have these experiences using the following key: 0=never; 1= almost never; 2=sometimes; 3=often; 4=constantly.

1. I worry that I might have dishonest thoughts.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

2. I fear that I might be an evil person.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

3. I fear I will act immorally.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

4. I feel urges to confess sins over and over again.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

5. I worry about heaven and hell.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

6. I worry I must act morally at all times or I will be punished.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

7. Feeling guilty interferes with my ability to enjoy things I would like to enjoy.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

8. Immoral thoughts come into my head and I can't get rid of them.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

9. I am afraid my behavior is unacceptable to God.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

10. I fear I have acted inappropriately without realizing it.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

11. I must try hard to avoid having certain immoral thoughts.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

12. I am very worried that things I did may have been dishonest.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

13. I am afraid I will disobey God's rules/laws.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

14. I am afraid of having sexual thoughts.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

15. I worry I will never have a good relationship with God.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

16. I feel guilty about immoral thoughts I have had.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

17. I worry that God is upset with me.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

18. I am afraid of having immoral thoughts.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

19. I am afraid my thoughts are unacceptable to God.

0	1	2	3	4
Never	Almost Never	Sometimes	Often	Constantly

## APPENDIX H

### Original Sin Scale

Please rate the following statements to the best of your ability by circling the number which best indicates your belief. Remember that there are no correct or incorrect answers; only answer what is true for you.

#### How much do you agree with following statements?

1. Human nature is sinful.

1	2	3	4	5	6	7
Strongly Disagree		Somewhat Disagree	Neutral		Somewhat Agree	Strongly Agree

2. People are born with a tendency to sin.

1	2	3	4	5	6	7
Strongly Disagree		Somewhat Disagree	Neutral		Somewhat Agree	Strongly Agree

3. Human nature became sinful because Adam and Eve disobeyed God.

1	2	3	4	5	6	7
Strongly Disagree		Somewhat Disagree	Neutral		Somewhat Agree	Strongly Agree

4. Only God can restore humanity to its original state of innocence.

1	2	3	4	5	6	7
Strongly Disagree		Somewhat Disagree	Neutral		Somewhat Agree	Strongly Agree

5. The urges to drink, smoke, curse, and have pre-marital sex are all influenced by our sinful nature.

1	2	3	4	5	6	7
Strongly Disagree		Somewhat Disagree	Neutral		Somewhat Agree	Strongly Agree

6. Humanity needs God's forgiveness because of its sinful nature.

1	2	3	4	5	6	7
Strongly	Somewhat		Neutral	Somewhat		Strongly
Disagree	Disagree			Agree		Agree

7. From the moment of conception, human beings are tainted with a sinful nature.

1	2	3	4	5	6	7
Strongly	Somewhat		Neutral	Somewhat		Strongly
Disagree	Disagree			Agree		Agree

## APPENDIX I

### Test of Self-Conscious Affect – 3

Below are situations that people are likely to encounter in day-to-day life, followed by several common reactions to those situations. As you read each scenario, try to imagine yourself in that situation. Then indicate how likely you would be to react in each of the ways described. We ask you to rate all responses because people may feel or react more than one way to the same situation, or they may react different ways at different times.

Please do not skip any items --

Rate all responses on a scale of 1 to 5 where 1 = "Not likely" and 5 = "Very likely"

*1. You make plans to meet a friend for lunch. At 5 o'clock, you realize you stood your friend up.*

- |  | not likely        | very likely |
|--|-------------------|-------------|
| a) You would think: "I'm inconsiderate."                                 | 1---2---3---4---5 |             |
| b) You would think: "Well, my friend will understand."                   | 1---2---3---4---5 |             |
| c) You'd think you should make it up to your friend as soon as possible. | 1---2---3---4---5 |             |
| d) You would think: "My boss distracted me just before lunch."           | 1---2---3---4---5 |             |



2. *You break something at work and then hide it.*

- |  | not likely        | very likely |
|--|-------------------|-------------|
| a) You would think: "This is making me anxious. I need to either fix it or get someone else to." | 1---2---3---4---5 |             |
| b) You would think about quitting.   | 1---2---3---4---5 |             |
| c) You would think: "A lot of things aren't made very well these days."                          | 1---2---3---4---5 |             |
| d) You would think: "It was only an accident."   | 1---2---3---4---5 |             |

3. *At work, you wait until the last minute to plan a project, and it turns out badly.*

- |   | not likely        | very likely |
|---|-------------------|-------------|
| a) You would feel incompetent.  | 1---2---3---4---5 |             |
| b) You would think: "There are never enough hours in the day."                | 1---2---3---4---5 |             |
| c) You would feel: "I deserve to be reprimanded for mismanaging the project." | 1---2---3---4---5 |             |
| d) You would think: "What's done is done."                                    | 1---2---3---4---5 |             |

4. *You make a mistake at work and find out a co-worker is blamed for the error.*

- |   | not likely        | very likely |
|---|-------------------|-------------|
| a) You would think the company did not like the coworker.     | 1---2---3---4---5 |             |
| b) You would think: "Life is not fair."                       | 1---2---3---4---5 |             |
| c) You would keep quiet and avoid the co-worker.              | 1---2---3---4---5 |             |
| d) You would feel unhappy and eager to correct the situation. | 1---2---3---4---5 |             |

5. *While playing around, you throw a ball and it hits your friend in the face.*

- |   | not likely        | very likely |
|---|-------------------|-------------|
| a) You would feel inadequate that you can't even throw a ball.        | 1---2---3---4---5 |             |
| b) You would think maybe your friend needs more practice at catching. | 1---2---3---4---5 |             |
| c) You would think: "It was just an accident."                        | 1---2---3---4---5 |             |
| d) You would apologize and make sure your friend feels better.        | 1---2---3---4---5 |             |

6. *You are driving down the road, and you hit a small animal.*

- |   | not likely        | very likely |
|---|-------------------|-------------|
| a) You would think the animal shouldn't have been on the road.      | 1---2---3---4---5 |             |
| b) You would think: "I'm terrible."                                 | 1---2---3---4---5 |             |
| c) You would feel: "Well, it was an accident."                      | 1---2---3---4---5 |             |
| d) You'd feel bad you hadn't been more alert driving down the road. | 1---2---3---4---5 |             |

7. *You walk out of an exam thinking you did extremely well. Then you find out you did poorly.*

- |   | not likely        | very likely |
|---|-------------------|-------------|
| a) You would think: "Well, it's just a test."         | 1---2---3---4---5 |             |
| b) You would think: "The instructor doesn't like me." | 1---2---3---4---5 |             |
| c) You would think: "I should have studied harder."   | 1---2---3---4---5 |             |
| d) You would feel stupid.                             | 1---2---3---4---5 |             |

8. *While out with a group of friends, you make fun of a friend who's not there.*

- |   | not likely        | very likely |
|---|-------------------|-------------|
| a) You would think: "It was all in fun; it's harmless."                                       | 1---2---3---4---5 |             |
| b) You would feel small...like a rat.   | 1---2---3---4---5 |             |
| c) You would think that perhaps that friend should have been there to defend himself/herself. | 1---2---3---4---5 |             |
| d) You would apologize and talk about that person's good points.                              | 1---2---3---4---5 |             |

9. *You make a big mistake on an important project at work. People were depending on you, and your boss criticizes you.*

- |  | not likely        | very likely |
|--|-------------------|-------------|
| a) You would think your boss should have been more clear about what was expected of you. | 1---2---3---4---5 |             |
| b) You would feel like you wanted to hide.   | 1---2---3---4---5 |             |
| c) You would think: "I should have recognized the problem and done a better job."        | 1---2---3---4---5 |             |
| d) You would think: "Well, nobody's perfect."  | 1---2---3---4---5 |             |

10. *You are taking care of your friend's dog while they are on vacation and the dog runs away.*

- |  | not likely        | very likely |
|--|-------------------|-------------|
| a) You would think, "I am irresponsible and incompetent."  | 1---2---3---4---5 |             |
| b) You would think your friend must not take very good care of their dog or it wouldn't have run away. | 1---2---3---4---5 |             |
| c) You would vow to be more careful next time.   | 1---2---3---4---5 |             |
| d) You would think your friend could just get a new dog.   | 1---2---3---4---5 |             |

11. *You attend your co-worker's housewarming party and you spill red wine on a new cream-colored carpet, but you think no one notices.*

- |   | not likely        | very likely |
|---|-------------------|-------------|
| a) You think your co-worker should have expected some accidents at such a big party.      | 1---2---3---4---5 |             |
| b) You would stay late to help clean up the stain after the party.                        | 1---2---3---4---5 |             |
| c) You would wish you were anywhere but at the party.                                     | 1---2---3---4---5 |             |
| d) You would wonder why your co-worker chose to serve red wine with the new light carpet. | 1---2---3---4---5 |             |

## APPENDIX J

### Short EMBU

Did your parents remain together during your childhood? Yes \_\_\_\_ No \_\_\_\_.

If "no", please indicate your age at the time of separation: \_\_\_\_ years old. Who did you then live with? Mother \_\_\_\_ Father \_\_\_\_ Other (specify) \_\_\_\_\_.

Below are a number of questions concerning your childhood. Please read through the following instructions carefully before filling out the questionnaire.

Even if it is difficult to recall exactly how our parents behaved towards us when we were very young, each of us does have certain memories of what principles they used in our upbringing. When filling out the questionnaire it is essential that you try to remember your parents' behavior towards you as you yourself experienced it. For each question you must circle the alternative applicable to your own mother's and father's behavior toward you.

Be careful not to leave any questions unanswered. We are aware that certain questions are impossible to answer if you do not have any sister(s) or brother(s) or if you have been raised by one parent only. In this case leave these questions unanswered.

For each question please circle the responses applicable to your mother's and father's behavior towards you. Read through each question carefully and consider which one of the possible answers applies to you. Answer separately for your mother and your father.

	1 never occurred	2 occasionally occurred	3 often occurred	4 always occurred
--	---------------------	----------------------------	---------------------	----------------------

	Father or Guardian	Mother or Guardian
1. It happened that my parents were sour or angry with me without letting me know the cause.	1 2 3 4	1 2 3 4
2. My parents praised me.	1 2 3 4	1 2 3 4
3. It happened that I wished my parents would worry less about what I was doing.	1 2 3 4	1 2 3 4
4. It happened that my parents gave me more corporal punishment than I deserved.	1 2 3 4	1 2 3 4
5. When I came home, I then had to account for what I had been doing, to my parents.	1 2 3 4	1 2 3 4
6. I think that my parents tried to make my adolescence stimulating, interesting and instructive (for instance by giving me good books, arranging for me to go on camps, taking me to clubs).	1 2 3 4	1 2 3 4
7. My parents criticized me and told me how lazy and useless I was in front of others.	1 2 3 4	1 2 3 4
8. It happened that my parents forbade me to do things other children were allowed to do because they were afraid that something might happen to me.	1 2 3 4	1 2 3 4
9. My parents tried to spur me to become the best.	1 2 3 4	1 2 3 4

10. My parents would look sad or in some other way show that I had behaved badly so that I got real feelings of guilt.	1	2	3	4	1	2	3	4
11. I think that my parents' anxiety that something might happen to me was exaggerated.	1	2	3	4	1	2	3	4
12. If things went badly for me, I then felt that my parents tried to comfort and encourage me.	1	2	3	4	1	2	3	4
13. I was treated as the 'black sheep' or 'scapegoat' of the family.	1	2	3	4	1	2	3	4
14. My parents showed with words and gestures that they liked me.	1	2	3	4	1	2	3	4
15. I felt that my parents liked my brother(s) and/or sister(s) more than they liked me.	1	2	3	4	1	2	3	4
16. My parents treated me in such a way that I felt ashamed.	1	2	3	4	1	2	3	4
17. I was allowed to go where I liked without my parents caring too much.	1	2	3	4	1	2	3	4
18. I felt that my parents interfered with everything I did.	1	2	3	4	1	2	3	4
19. I felt that warmth and tenderness existed between me and my parents.	1	2	3	4	1	2	3	4
20. My parents put decisive limits on for what I was and was not allowed to do, to which they then adhered rigorously.	1	2	3	4	1	2	3	4
21. My parents would punish me hard, even for trifles (small offenses).	1	2	3	4	1	2	3	4
22. My parents wanted to decide how I should be dressed or how I should look.	1	2	3	4	1	2	3	4
23. I felt that my parents were proud when I succeeded in something I had undertaken.	1	2	3	4	1	2	3	4

## APPENDIX K

### Beck Depression Inventory – 2

This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the ONE STATEMENT in each group that best describes how you have been feeling during the PAST TWO weeks, INCLUDING TODAY.

If several statements in the group seem to apply equally well, choose the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

#### 1. Sadness

- ☐ 0 I do not feel sad.
- ☐ 1 I feel sad.
- ☐ 2 I am sad all the time and I can't snap out of it.
- ☐ 3 I am so sad and unhappy that I can't stand it.

#### 2. Pessimism

- ☐ 0 I am not particularly discouraged about the future.
- ☐ 1 I feel discouraged about the future.
- ☐ 2 I feel I have nothing to look forward to.
- ☐ 3 I feel the future is hopeless and that things cannot improve.

#### 3. Past Failure

- ☐ 0 I do not feel like a failure.
- ☐ 1 I feel I have failed more than the average person.
- ☐ 2 As I look back on my life, all I can see is a lot of failures.
- ☐ 3 I feel I am a complete failure as a person.

#### 4. Loss of Pleasure

- ☐ 0 I get as much satisfaction out of things as I used to.
- ☐ 1 I don't enjoy things the way I used to.
- ☐ 2 I don't get real satisfaction out of anything anymore.
- ☐ 3 I am dissatisfied or bored with everything.

#### 5. Guilty Feelings

- ☐ 0 I don't feel particularly guilty
- ☐ 1 I feel guilty a good part of the time.
- ☐ 2 I feel quite guilty most of the time.
- ☐ 3 I feel guilty all of the time.

#### 6. Punishment Feelings

- ☐ 0 I don't feel I am being punished.
- ☐ 1 I feel I may be punished.
- ☐ 2 I expect to be punished.
- ☐ 3 I feel I am being punished.

7. Self-Dislike

- ☐ 0 I don't feel disappointed in myself.
- ☐ 1 I am disappointed in myself.
- ☐ 2 I am disgusted with myself.
- ☐ 3 I hate myself.

8. Self-Criticalness

- ☐ 0 I don't feel I am any worse than anybody else.
- ☐ 1 I am critical of myself for my weaknesses or mistakes.
- ☐ 2 I blame myself all the time for my faults.
- ☐ 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- ☐ 0 I don't have any thoughts of killing myself.
- ☐ 1 I have thoughts of killing myself, but I would not carry them out.
- ☐ 2 I would like to kill myself.
- ☐ 3 I would kill myself if I had the chance.

10. Crying

- ☐ 0 I don't cry any more than usual.
- ☐ 1 I cry more now than I used to.
- ☐ 2 I cry all the time now.
- ☐ 3 I used to be able to cry, but now I can't cry even though I want to.

11. Agitation

- ☐ 0 I am no more irritated by things than I ever was.
- ☐ 1 I am slightly more irritated now than usual.
- ☐ 2 I am quite annoyed or irritated a good deal of the time.
- ☐ 3 I feel irritated all the time.

12. Loss of Interest

- ☐ 0 I have not lost interest in other people.
- ☐ 1 I am less interested in other people than I used to be.
- ☐ 2 I have lost most of my interest in other people.
- ☐ 3 I have lost all of my interest in other people.

13. Indecisiveness

- ☐ 0 I make decisions about as well as I ever could.
- ☐ 1 I put off making decisions more than I used to.
- ☐ 2 I have greater difficulty in making decisions more than I used to.
- ☐ 3 I can't make decisions at all anymore.

14. Worthlessness

- ☐ 0 I don't feel that I look any worse than I used to.
- ☐ 1 I am worried that I am looking old or unattractive.
- ☐ 2 I feel that there are permanent changes in my appearance that make me look unattractive.
- ☐ 3 I believe that I look ugly.

15. Loss of Energy

- ☐ 0 I can work about as well as before.
- ☐ 1 It takes an extra effort to get started at doing something.
- ☐ 2 I have to push myself very hard to do anything.
- ☐ 3 I can't do any work at all.

16. Changes in Sleep Pattern

- ☐ 0 I can sleep as well as usual.
- ☐ 1 I don't sleep as well as I used to.
- ☐ 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
- ☐ 3 I wake up several hours earlier than I used to and cannot get back to sleep.

17. Irritability

- ☐ 0 I don't get more tired than usual.
- ☐ 1 I get tired more easily than I used to.
- ☐ 2 I get tired from doing almost anything.
- ☐ 3 I am too tired to do anything.

18. Changes in Appetite

- ☐ 0 My appetite is no worse than usual.
- ☐ 1 My appetite is not as good as it used to be.
- ☐ 2 My appetite is much worse now.
- ☐ 3 I have no appetite at all anymore.

19. Concentration Difficulty

- ☐ 0 I haven't lost much weight, if any, lately.
- ☐ 1 I have lost more than five pounds.
- ☐ 2 I have lost more than ten pounds.
- ☐ 3 I have lost more than fifteen pounds.

20. Tiredness or Fatigue

- ☐ 0 I am no more worried about my health than usual.
- ☐ 1 I am worried about physical problems such as aches and pains, or upset stomach, or constipation.
- ☐ 2 I am very worried about physical problems and it's hard to think of much else.
- ☐ 3 I am so worried about my physical problems that I cannot think about anything else.

21. Loss of Interest in Sex

- ☐ 0 I have not noticed any recent change in my interest in sex.
- ☐ 1 I am less interested in sex than I used to be.
- ☐ 2 I have almost no interest in sex.
- ☐ 3 I have lost interest in sex completely.



## APPENDIX L

### Additional Post Hoc Findings of Interest

#### Overview

The following sections present two multiple regression analyses employing the same data set used in the canonical correlation analysis presented above. Each regression analysis contains 3 outcome variables and therefore requires a dedicated multiple regression for each respective model. The first reported results (i.e., Results A) are products of an exploratory phase of research and therefore were conducted employing stepwise moderated multiple regression. The second set of results reported (i.e., Results B) were conducted in order to test the soundness of the models yielded by the stepwise regression analyses because stepwise regression has been criticized for: (1) producing idiosyncratic results that are difficult to reproduce in other samples; and (2) increasing Type I error (Draper, Guttman, & Lapczak, 1979; Menard, 2002).

#### *Questions and Hypotheses*

Table 1 contains the predictor and outcome variables employed in Results A and Results B along with each variable's corresponding measurement instrument.

Table 1  
*Summary of Predictor and Outcome Variables and Instruments Employed in Measuring Them*

Predictor Variables	Corresponding Measure	Outcome Variables	Corresponding Measure
Original Sin	OSS	Scrupulosity	PIOS
Fundamentalism	RRFS	Depression	BDI-2
Perceived Rearing Rejecting	s-EMBU Rejecting	Shame	TOSCA-3
Perceived Rearing Emotional Warmth	s-EMBU Emotional Warmth		
Perceived rearing OverProtective	s-EMBU OverProtective		
God-Representation Accepting	GIS Acceptance		
God-Representation Presence	GIS Presence		
God-Representation Challenging	GIS Challenging		
Self-Forgiveness	SSFS		

*Note.* OSS = Original Sin Scale; RRFS = Revised Religious Fundamentalism Scale; s-EMBU = Short Egna Minnen Beträffande Uppfostran; GIS = God Image Scales; SSFS = State Self-Forgiveness Scale; PIOS = Penn Inventory of Scrupulosity; BDI-2 = Beck Depression Inventor- 2; TOSCA-3 = Test of Self-Conscious Affect- 3

Based on theory and previous research covered in the literature review, the following questions and hypotheses were tested employing Moderated Multiple Regression—Result Section B tests these same questions and hypotheses with the exception of questions 9-14 (i.e., moderation of variables was not tested for in Results B):

1. To what degree is a parishioner's psychological well-being (i.e., scrupulosity, depression, and shame) predicted by his/her degree of belief in the theological construct of original sin?
  - ***Hypothesis 1:*** Greater degrees of parishioner belief in the theological doctrine of original sin positively predict obsessions of sin and fear of God's punishment along with neutralizing compulsive behavior (i.e., scrupulosity disorder).
  - ***Hypothesis 2:*** Greater degrees of parishioner belief in original sin positively predict depression.
  - ***Hypothesis 3:*** Greater degrees of parishioner belief in original sin positively predicts shame.
2. To what degree is a parishioner's psychological well-being predicted by his/her religious rigidity (i.e., fundamentalism)?
  - ***Hypothesis 4:*** Greater degrees of parishioner religious fundamentalism positively predict scrupulosity.
  - ***Hypothesis 5:*** Greater degrees of parishioner religious fundamentalism positively predict depression.
  - ***Hypothesis 6:*** Greater degrees of parishioner religious fundamentalism positively predict shame.

3. To what degree is a parishioner's psychological well-being predicted by his/her God-representation?
- **Hypothesis 7:** Non-accepting God-representations positively predict scrupulosity.
  - **Hypothesis 8:** Non-accepting God-representations positively predict depression.
  - **Hypothesis 9:** Non-accepting God-representations positively predict shame.
  - **Hypothesis 10:** Non-present God-representations negatively predict scrupulosity.
  - **Hypothesis 11:** Non-present God-representations positively predict depression.
  - **Hypothesis 12:** Non-present God-representations positively predict shame.
  - **Hypothesis 13:** Non-challenging God-representations negatively predict scrupulosity.
  - **Hypothesis 14:** Non-challenging God-representations positively predict depression.
  - **Hypothesis 15:** Non-challenging God-representations negatively predict shame.
4. To what degree is a parishioner's psychological well-being predicted by his/her ability to self-forgive?

- **Hypothesis 16:** Greater degrees of parishioner self-forgiveness negatively predict scrupulosity.
  - **Hypothesis 17:** Greater degrees of parishioner self-forgiveness negatively predict depression.
  - **Hypothesis 18:** Greater degrees of parishioner self-forgiveness negatively predict shame.
5. To what degree is a parishioner's psychological well-being predicted by his/her familial upbringing (i.e., perceived parental rearing)?
- **Hypothesis 19:** Parishioner parental rearing practices perceived as overprotective positively predict scrupulosity.
  - **Hypothesis 20:** Parishioner parental rearing practices perceived as overprotective positively predict depression.
  - **Hypothesis 21:** Parishioner parental rearing practices perceived as overprotective positively predict shame.
  - **Hypothesis 22:** Parishioner parental rearing practices perceived as rejecting positively predict depression.
  - **Hypothesis 23:** Parishioner parental rearing practices perceived as rejecting positively predict shame.
  - **Hypothesis 24:** Parishioner parental rearing practices perceived as emotionally warm negatively predict scrupulosity.
  - **Hypothesis 25:** Parishioner parental rearing practices perceived as emotionally warm negatively predict depression.

- **Hypothesis 26:** Parishioner parental rearing practices perceived as emotionally warm negatively predict shame.
6. Do any of the demographic variables predict scrupulosity?
  7. Do any of the demographic variables predict depression?
  8. Do any of the demographic variables predict shame?
  9. Is the relationship between religious fundamentalism and scrupulosity moderated?
  10. Is the relationship between religious fundamentalism and depression moderated?
  11. Is the relationship between religious fundamentalism and shame moderated?
  12. Is the relationship between belief in original sin and scrupulosity moderated?
  13. Is the relationship between belief in original sin and depression moderated?
  14. Is the relationship between belief in original sin and shame moderated?

## Results A

### *Initial Analyses*

Means, standard deviations, reliability coefficients, and correlations among predictor variables are presented in Table 2. The following assumptions of multiple regression were tested and met. Residual analyses for linearity indicated that each of the models described below represent a linear model between the outcome variables and composites of the predictor variables. Since standardized residuals were not  $> 3$  it may be assumed that heteroscedasticity is not a concern for any of the models. In addition, absence of Cook's Distance  $> 1$  lends additional evidence that no influential outliers are present. Multicollinearity was assessed and deemed not to be a problem since VIF was

not > 4.0 and Tolerance was not < .20 for any of the predictors in their respective models. Independence of observations may also be assumed for each of the models as the Durbin-Watson statistic is between 1.5 and 2.5 across models. Finally, systematic error in measurement was assumed not to be problematic due to the fact that all instruments employed possessed coefficient alphas above .80 (OSS = .96; RRFS = .94; SSFS = .89; GIS = .92; [GIS by subscale: Acceptance = .81; Presence = .96; Challenge = .85]; s-EMBU = .82 [s-EMBU by subscale: Rejection = .91; Emotional Warmth = .94; OverProtection = .87]; PIOS = .94; BDI- 2 = .80; TOSCA- 3 = .82).

Table 2  
*Means, Standard Deviations, Reliability Coefficients, and Correlations Between Predictor Variables*

	<i>M</i>	<i>SD</i>	Alpha	1	2	3	4	5	6	7	8	9
1. OSS	34.78	13.63	.96	-	.82**	-.23**	-.50**	-.031**	-.12	.001	-.03	.16*
2. RRFS	69.39	30.21	.94		-	-.20**	-.50**	-.30**	-.09	-.03	.01	.15*
3. GIS Acce	15.30	4.89	.81			-	.62**	.65**	-.26**	.16*	-.08	.18**
4. GIS Pres	20.12	8.98	.96				-	.70**	-.14*	.02	.01	.02
5. GIS Chal	18.76	6.36	.85					-	-.12	.10	-.05	.06
6. SSFS	31.54	8.58	.89						-	-.16*	.16*	-.14*
7. s-EMBU Rej	20.56	7.77	.91							-	-.52**	.50**
8. s-EMBU EW	34.19	9.77	.94								-	-.06
9. s-EMBU OP	38.93	9.51	.87									-

*Note.* OSS = Original Sin Scale; RRFS = Revised Religious Fundamentalism Scale; GIS Acce = God Image Scale Acceptance Subscale; GIS Pres = God Image Scale Presence Subscale; GIS Chal = God Image Scale Challenge Subscale; SSFS = State Self-Forgiveness Scale; s-EMBU Rej = Rejection Subscale of s-EMBU; s-EMBU EW = Emotional Warmth Subscale of s-EMBU; s-EMBU OP = Overprotective Subscale of s-EMBU

\*  $p < .05$  \*\*  $p < .01$ , two-tailed.

### *Regression Analyses*

Three moderated multiple regressions were conducted in order to investigate the relationship between the parishioner held religious beliefs of original sin, right-religion (i.e., fundamentalism), God-representations, and self-forgiveness on scrupulosity disorder, depression, and shame respectively (Bickel, 2007; Bryk & Raudenbush, 1992); perceived parental rearing practices were also included into each of the models. An additional reason for employing moderated multiple regressions was to inquire about the

possible moderating role degree of belief in original sin and fundamentalism have on the relationship between parishioner religious beliefs and parishioner mental health.

The first moderated multiple regression regressed measures of religious beliefs and perceived parental rearing on a single measure of scrupulosity disorder (all scores were centered). These predictor variables along with interaction terms, products of OSS and RRFS with demographic variables, religious belief measures and perceived parental rearing, were entered into a stepwise multiple regression in SPSS Graduate Pack 16.0 for Mac. Results revealed an overall model that accounts for approximately 51% of the variance ( $R^2 = .505$ ),  $F(9, 224) = 22.78$ ,  $p < .001$ . The adjusted  $R^2$ , compensating for the positive bias in  $R^2$ , was .483 reflecting a relatively high overall strength of relationship. The standard error of the estimate was 8.816. Fundamentalism, degree of belief in original sin, self-forgiveness, God image Acceptance, God image Presence, perceived parental rearing Overprotective, sex (i.e., male), age 45-64, and the interaction of Latino American and original sin were significant predictors of scrupulosity disorder. Table 3 contains a summary of the three moderated multiple regression analyses.

Scrupulosity Disorder (n = 234)					Depression (n = 233)					Shame (n = 235)				
Variable	B	SE B	$\beta$	R <sup>2</sup>	Variable	B	SE B	$\beta$	R <sup>2</sup>	Variable	B	SE B	$\beta$	R <sup>2</sup>
RRFS	0.08	0.04	0.2	.51**	SSFS	-0.22	0.03	-0.36	.33**	GIS Pres	0.39	0.07	0.41	.41**
GIS Acee	0.75	0.16	0.3		Psychiatric Diagnosis	-2.45	0.68	0.2		GIS Chal	-0.49	0.09	-0.36	
GIS Pres	-0.34	0.09	-0.25		GIS Acee	0.31	0.07	0.29		SSFS	-0.41	0.05	-0.41	
OSS	0.18	0.08	0.2		s-EMBU Rej	0.08	0.04	0.12		s-EMBU OP	0.13	0.05	0.15	
SSFS	-0.25	0.07	-0.18		RRFS x GIS Acee	0.01	0.002	0.19		Other Ethnicity	-3.54	1.41	-0.13	
s-EMBU OP	0.17	0.06	0.13		OSS x s-EMBU Rej	-0.01	0.003	-0.12		Male	-4.11	0.95	-0.22	
Male	6.99	1.27	0.27							45-64	1.97	0.93	0.11	
45-64	2.86	1.23	0.12											
OSS x Latino	0.34	0.17	0.11											

Note. OSS = Original Sin Scale; RRFS = Revised Religious Fundamentalism Scale; GIS Acee = God Image Scale Acceptance Subscale; GIS Pres = God Image Scale Presence Subscale; SSFS = State Self-Forgiveness Scale; s-EMBU Rej = Rejection Subscale of s-EMBU; s-EMBU OP = Overprotective Subscale of s-EMBU; Other Ethnicity = Bi-Ethnic and African American as well as the "Other" Category  
\*\*  $p < .01$



Figure 1 shows the interaction plot of original sin and Latino Americans on scrupulosity disorder.

Figure 1

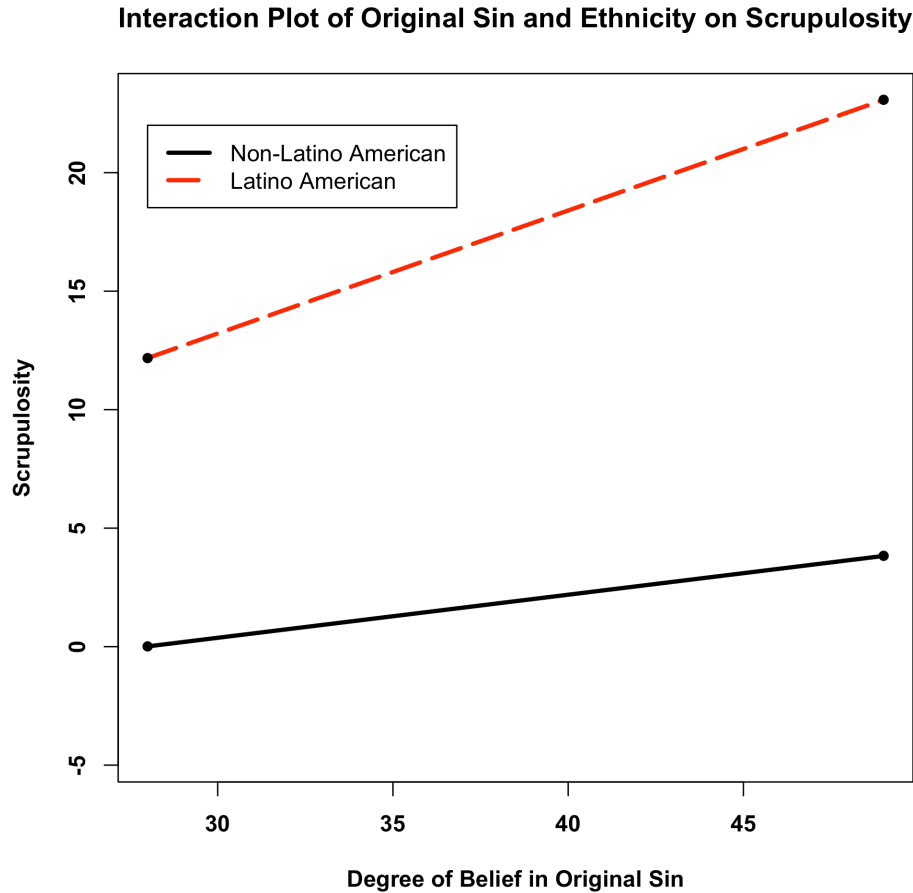


Figure 1 illustrates that on average Latino Americans report more obsessions regarding fears of sin and God's punishment as well as compulsions, that aid in neutralizing the accompanying anxiety, than European Americans, African Americans, and other non-Latino Americans. For Latino Americans, on average, greater belief in original sin exacerbates obsessions and compulsions related to fear of sin and God's punishment.

The slope for Latino Americans ( $\beta = .52$ ) was significantly higher than the slope for non-Latino Americans ( $\beta = .18$ )  $t(223) = 2.04, p = .042$ . Post hoc analysis (Aiken & West, 1991; Preacher, Curran & Bauer, 2006) indicate that while the simple slopes for

Latino Americans and non-Latino Americans were both significantly different from zero, the slope for Latino Americans changes at a much faster rate than the slope for non-Latino Americans with increasing belief in original sin. Therefore, though non-Latino Americans and Latino Americans alike experience increased scrupulosity symptoms with stronger belief in original sin, on average degree of belief in original sin adversely impacts Latino Americans' mental health more so than non-Latino Americans. Therefore, it may be said that the regression of scrupulosity disorder on degree of belief in original sin varies as a function of ethnicity (Aiken & West, 1991) or that ethnicity moderates the effect of degree of belief in original sin on depression (Baron & Kenny, 1986).

Additional post hoc analyses provide supplemental evidence of the interpretability of the model. Firstly, the model possesses a large effect size ( $f^2 = 1.04$ ). Secondly, operating under the assumption that statistically significant main effects do not automatically render such effects practically important, tests of practical importance were conducted for all significant predictors in the model. The unstandardized coefficients were all greater than the standard deviation of the outcome variable divided by the product of 10 times the standard deviation of each predictor variable, thus rendering each predictor variable in the model practically important.

The second moderated multiple regression regressed measures of religious beliefs and perceived parental rearing on a single measure of depression (all scores were centered). These predictor variables along with interaction terms, products of OSS and RRFS with demographic data, religious belief measures and perceived parental rearing, were entered into a stepwise multiple regression in SPSS Graduate Pack 16.0 for Mac. Results revealed an overall model that accounts for 33% of the variance,  $F(6, 226) =$

18.54,  $p < .001$ . The adjusted  $R^2$ , compensating for the positive bias in  $R^2$ , was .312 reflecting a relatively high overall strength of relationship. The standard error of the estimate was 4.324. Self-forgiveness, God image Acceptance, perceived parental rearing Rejection, psychiatric diagnosis, and the interaction terms of perceived parental Rejection and original sin and God image Acceptance and religious fundamentalism were significant predictors of depression.

Figure 2 shows the interaction plot of original sin and perceived parental rejection on depression.

Figure 2

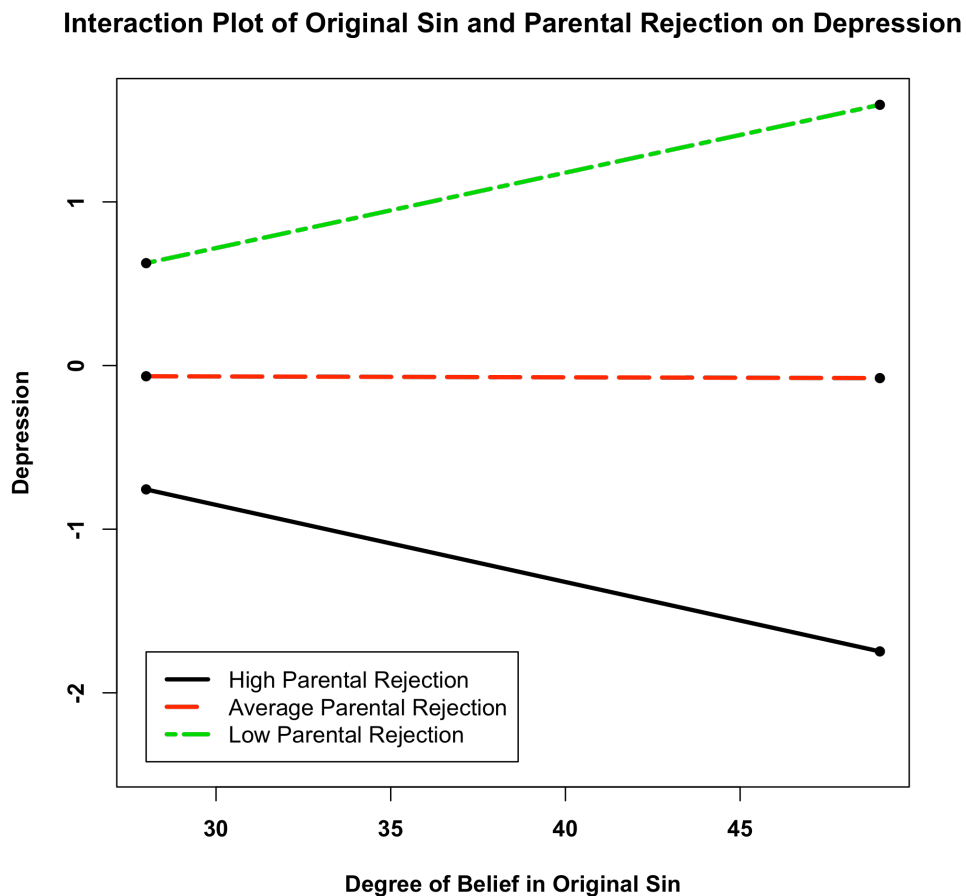


Figure 2 illustrates that parishioners' relationship between degree of belief in original sin and depression is inconsistent (Baron & Kenny, 1986; Frazier, Tix, & Barron, 2004;

Keith, 2006). Parishioners with higher levels of perceived parental rejection report less depressive symptoms while parishioners with lower levels of perceived parental rejection experience greater depressive symptomatology. Parishioners who perceived their primary caregiver(s) as less rejecting reported greater depressive symptoms with greater degrees of belief in the sinfulness of humanity. On the other hand, parishioners who perceived their primary caregiver(s) as more rejecting experienced decreased levels of depressive symptomatology with greater degrees of belief in original sin.

The slope for low perceived parental Rejection ( $\beta = .05$ ) was significantly higher than the slope for high perceived parental Rejection ( $\beta = -.05$ )  $t(224) = -2.11$ ,  $p = .036$ . Post hoc analysis (Aiken & West, 1991; Preacher et al., 2006) indicate that the simple slopes for high levels of perceived parental rejection and low levels of perceived parental rejection were both significantly different from zero changing at the same rate with increasing belief in original sin. Belief in original sin adversely impacts the mental health of parishioners with low levels of perceived parental rejection more so than parishioners with high levels of perceived parental rejection. Therefore, it may be said that the regression of depression on original sin varies as a function of perceived parental rejection (Aiken & West, 1991) or that levels of perceived parental rejection moderates the effect of degree of belief in original sin on depression (Baron & Kenny, 1986).

Figure 3 shows the interaction plot of religious fundamentalism and non-Accepting God image on depression.

Figure 3

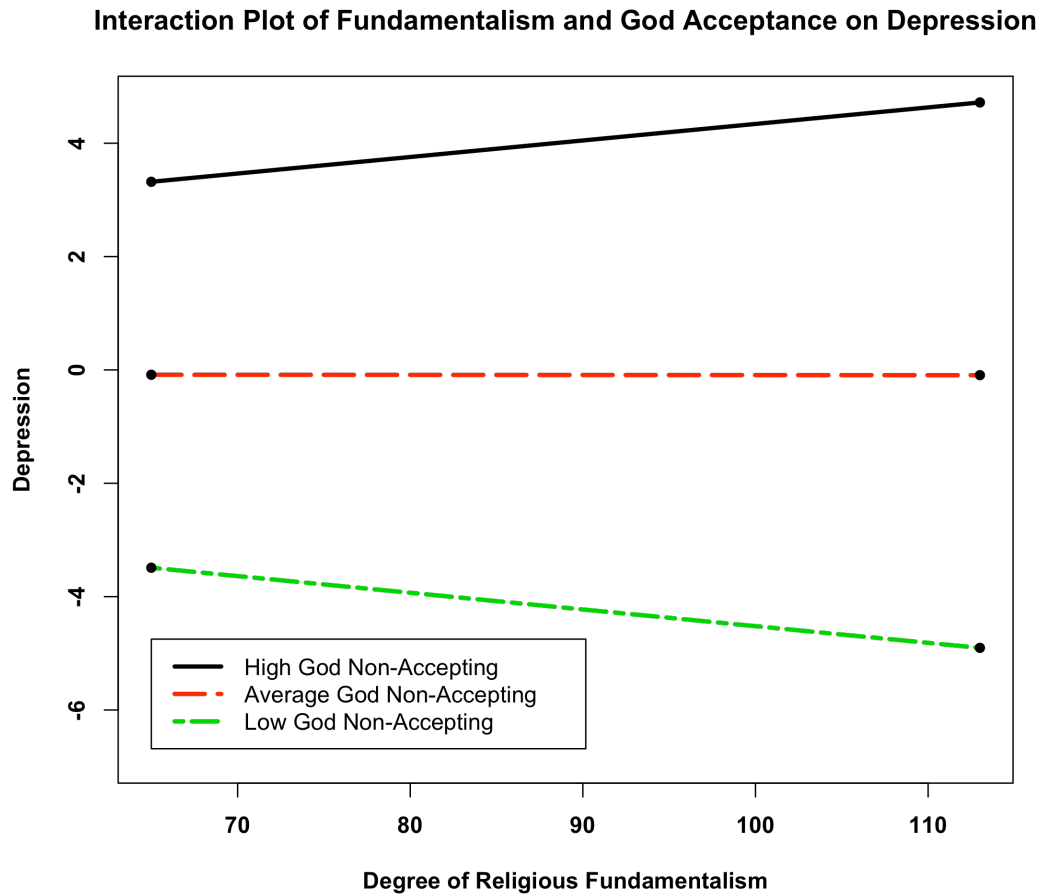


Figure 3 illustrates that parishioners' relationship between religious fundamentalism and depression is inconsistent (Baron & Kenny, 1986; Frazier et al., 2004; Keith, 2006). Parishioners with higher levels of non-accepting God representation report more depressive symptoms while parishioners with lower levels of a non-accepting God representation experience less depressive symptomatology. Parishioners high in non-accepting God representations reported greater depressive symptoms with greater degrees of religious rigidity. On the other hand, parishioners low in non-accepting God-

representations experienced decreased levels of depressive symptomatology with greater degree of religious fundamentalism.

The slope for high non-accepting God-representation ( $\beta = .03$ ) was significantly higher than the slope for low non-accepting God-representation ( $\beta = -.03$ )  $t(224) = 3.02$ ,  $p = .003$ . Post hoc analysis (Aiken & West, 1991; Preacher et al., 2006) indicate that the simple slopes for high and low levels of non-accepting God representation were both significantly different from zero changing at the same rate with increasing belief in religious fundamentalism. Degree of religious fundamentalism adversely impacts the mental health of parishioners with higher levels of non-accepting God representations more so than parishioners with low levels of non-accepting God representations. Therefore, it may be said that the regression of depression on religious fundamentalism varies as a function of God-representation (Aiken & West, 1991) or that levels of non-accepting God-representation moderates the effect of religious fundamentalism on depression (Baron & Kenny, 1986).

Additional post hoc analyses provide supplemental evidence of the interpretability of the model. Firstly, the model possesses a large effect size ( $f^2 = .49$ ). Secondly, operating under the assumption that statistically significant main effects do not automatically render such effects practically important, tests of practical importance were conducted for all significant predictors in the model. The unstandardized coefficients were all greater than the standard deviation of the outcome variable divided by the product of 10 times the standard deviation of each predictor variable, thus rendering each predictor variable in the model practically important.

The third moderated multiple regression regressed measures of religious beliefs and perceived parental rearing on a single measure of shame (all scores were centered). These predictor variables along with interaction terms, products of OSS and RRFS with demographic data, religious belief measures and perceived parental rearing, were entered into a stepwise multiple regression in SPSS Graduate Pack 16.0 for Mac. Results revealed an overall model that accounts for 41% of the variance,  $F(7, 227) = 22.70, p < .001$ . The adjusted  $R^2$ , compensating for the positive bias in  $R^2$ , was .394 reflecting a relatively high overall strength of relationship. The standard error of the estimate was 6.732. God image Presence, God image Challenge, self-forgiveness, perceived parental rearing Overprotective, other ethnicity, male, and age 45-64 were significant predictors of shame.

Additional post hoc analyses provide supplemental evidence of the interpretability of the model. Firstly, the model possesses a large effect size ( $f^2 = .69$ ). Secondly, operating under the assumption that statistically significant main effects do not automatically render such effects practically important, tests of practical importance were conducted for all significant predictors in the model. The unstandardized coefficients were all greater than the standard deviation of the outcome variable divided by the product of 10 times the standard deviation of each predictor variable, thus rendering each predictor variable in the model practically important.

## Results B

### *Initial Analyses*

Means, standard deviations, reliability coefficients, and correlations among predictor variables are presented in Table 4. The following assumptions of multiple regression were tested and met. Residual analyses for linearity indicated that each of the models described below represent a linear model between the outcome variables and composites of the predictor variables. Since standardized residuals were not  $> 3$  it may be assumed that heteroscedasticity is not a concern for any of the models. In addition, absence of Cook's Distance  $> 1$  lends additional evidence that no influential outliers are present. Multicollinearity was assessed and deemed not to be a problem since VIF was not  $> 4.0$  and Tolerance was not  $< .20$  for any of the predictors in their respective models. Independence of observations may also be assumed for each of the models as the Durbin-Watson statistic is between 1.5 and 2.5 across models. Finally, systematic error in measurement was assumed not to be problematic due to the fact that all instruments employed possessed coefficient alphas above .80 (OSS = .96; RRFS = .94; SSFS = .89; GIS = .92; [GIS by subscale: Acceptance = .81; Presence = .96; Challenge = .85]; s-EMBU = .82 [s-EMBU by subscale: Rejection = .91; Emotional Warmth = .94; OverProtection = .87]; PIOS = .94; BDI- 2 = .80; TOSCA- 3 = .82).



Table 4

*Means, Standard Deviations, Reliability Coefficients, and Correlations Between Predictor Variables*

	<i>M</i>	<i>SD</i>	Alpha	1	2	3	4	5	6	7	8	9
1. OSS	34.78	13.63	.96	-	.82**	-.23**	-.50**	-.031**	-.12	.001	-.03	.16*
2. RRFS	69.39	30.21	.94		-	-.20**	-.50**	-.30**	-.09	-.03	.01	.15*
3. GIS Acce	15.30	4.89	.81			-	.62**	.65**	-.26**	.16*	-.08	.18**
4. GIS Pres	20.12	8.98	.96				-	.70**	-.14*	.02	.01	.02
5. GIS Chal	18.76	6.36	.85					-	-.12	.10	-.05	.06
6. SSFS	31.54	8.58	.89						-	-.16*	.16*	-.14*
7. s-EMBU Rej	20.56	7.77	.91							-	-.52**	.50**
8. s-EMBU EW	34.19	9.77	.94								-	-.06
9. s-EMBU OP	38.93	9.51	.87									-

*Note.* OSS = Original Sin Scale; RRFS = Revised Religious Fundamentalism Scale; GIS Acce = God Image Scale Acceptance Subscale; GIS Pres = God Image Scale Presence Subscale; GIS Chal = God Image Scale Challenge Subscale; SSFS = State Self-Forgiveness Scale; s-EMBU Rej = Rejection Subscale of s-EMBU; s-EMBU EW = Emotional Warmth Subscale of s-EMBU; s-EMBU OP = Overprotective Subscale of s-EMBU

\*  $p < .05$  \*\*  $p < .01$ , two-tailed.

### *Regression Analyses*

Three multiple regressions were conducted in order to investigate the relationship between the parishioner held religious beliefs of original sin, right-religion (i.e., fundamentalism), God-representations, and self-forgiveness on scrupulosity disorder, depression, and shame respectively (Bickel, 2007; Bryk & Raudenbush, 1992); perceived parental rearing practices were also included into each of the models.

The first multiple regression regressed measures of religious beliefs and perceived parental rearing on a single measure of scrupulosity disorder (all scores were centered). These predictor variables, along with demographic variables, were simultaneously entered into a multiple regression in SPSS Graduate Pack 16.0 for Mac. Results revealed an overall model that accounts for approximately 52% of the variance ( $R^2 = .517$ ),  $F(16, 217) = 14.508$ ,  $p < .001$ . The adjusted  $R^2$ , compensating for the positive bias in  $R^2$ , was .481 reflecting a relatively high overall strength of relationship. The standard error of the

estimate was 8.832. Fundamentalism, degree of belief in original sin, self-forgiveness, God image Acceptance, God image Presence, perceived parental rearing Overprotective, sex (i.e., male), and age 45-64 were significant predictors of scrupulosity disorder. Table 5 contains a summary of the three moderated multiple regression analyses.

The second multiple regression regressed measures of religious beliefs and perceived parental rearing on a single measure of depression (all scores were centered). These predictor variables along with demographic variables were entered simultaneously into a multiple regression in SPSS Graduate Pack 16.0 for Mac. Results revealed an overall model that accounts for approximately 34% ( $R^2 = .342$ ) of the variance,  $F(16, 216) = 7.01, p < .001$ . The adjusted  $R^2$ , compensating for the positive bias in  $R^2$ , was .293 reflecting a relatively high overall strength of relationship. The standard error of the estimate was 4.383. Self-forgiveness, God image Acceptance, God image Challenge, and psychiatric diagnosis were significant predictors of depression.

The third multiple regression regressed measures of religious beliefs and perceived parental rearing on a single measure of shame (all scores were centered). These predictor variables along with demographic variables were simultaneously entered into a multiple regression in SPSS Graduate Pack 16.0 for Mac. Results revealed an overall model that accounts for approximately 43% of the variance,  $F(16, 218) = 10.302, p < .001$ . The adjusted  $R^2$ , compensating for the positive bias in  $R^2$ , was .390 reflecting a relatively high overall strength of relationship. The standard error of the estimate was 6.767. God image Presence, God image Challenge, self-forgiveness, perceived parental rearing Overprotective, other ethnicity, sex (i.e., male), and age 45-64 were significant predictors of shame.

Table 5 Summary of Coefficients for Models of Scrupulosity Disorder, Depression, and Shame														
Scrupulosity Disorder (n = 234)					Depression (n = 233)					Shame (n = 235)				
Variable	B	SE B	$\beta$	R <sup>2</sup>	Variable	B	SE B	$\beta$	R <sup>2</sup>	Variable	B	SE B	$\beta$	R <sup>2</sup>
RRFS	0.08	0.04	0.19	.52**	SSFS	-0.2	0.04	-0.33	.34**	GIS Pres	0.32	0.09	0.33	.43**
GIS Acee	0.88	0.18	0.35		Psychiatric Diagnosis	-2.2	0.73	-0.18		GIS Chal	-0.46	0.11	-0.34	
GIS Pres	-0.24	0.11	-0.18		GIS Acee	0.31	0.09	0.3		SSFS	-0.43	0.06	-0.43	
OSS	0.23	0.08	0.25		GIS Chal	-0.2	0.07	-0.24		s-EMBU OP	0.14	0.06	0.16	
SSFS	-0.23	0.07	-0.16							Other Ethnicity	-3.78	1.46	-0.14	
s-EMBU OP	0.2	0.08	0.16							Male	-3.86	0.99	-0.21	
Male	6.99	1.3	0.27							45-64	1.93	0.972	0.11	
45-64	3.1	1.27	0.13											

Note. OSS = Original Sin Scale; RRFS = Revised Religious Fundamentalism Scale; GIS Acee = God Image Scale Acceptance Subscale; GIS Pres = God Image Scale Presence Subscale; SSFS = State Self-Forgiveness Scale; s-EMBU OP = Overprotective Subscale of s-EMBU; Other Ethnicity = Bi-Ethnic and African American as well as the "Other" Category

\*  $p < .01$

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## Discussion

It is important to note that results which were supported by and discussed in the discussion section of the canonical correlation analysis above are not further elaborated upon here. Generally speaking, results from the CCA, stepwise moderated multiple regression, and simultaneous multiple regression are fairly consistent with each other, thus lending support to the robust nature of the model of psycho-spiritual abuse. Additionally, due to the fact that the statistically significant models for scrupulosity, depression, and shame are identical, with the exception of interaction terms and GIS Challenge in the depression model, for both the stepwise and simultaneously multiple regressions results will be discussed jointly.

It was enquired whether the possible relationship between original sin and scrupulosity, depression, and/or shame was moderated (Questions 12-14). Results suggest that for both scrupulosity (Question 12) and depressive disorder (Question 13) degree of belief in original sin is moderated. To answer question 12, *the regression of scrupulosity disorder on original sin varies as a function of ethnicity*. While post hoc analyses indicate that greater degrees of belief in original sin adversely affects the mental health of non-Latino American and Latino American parishioners, it has much more detrimental effects on the mental health of Latino American parishioners.

The finding that on average greater degree of belief in original sin adversely affects the mental health of Latino Americans, as it relates to scrupulosity disorder, more so than non-Latino Americans is surprising as well as difficult to interpret given the paucity of research in the areas of Latino American religiosity (Ellison et al., 2009) and Latino Americans and obsessive-compulsive disorder (Williams et al., 2010).

Nonetheless, one plausible explanation for this outcome may have to do with *familismo* (Hurtado, 1995). Familismo concerns the strong sense of loyalty, duty, and constraint Latino Americans typically possess toward their immediate and extended family. Latino American families tend to place conservative emphases on issues of morality, ethics, religion, and values (McEachern & Kenny, 2002; Oquendo, Dragatsi, Harkavy-Friedmal, Dervic, Currier, Burke, Grunebaum, & Mann, 2005). Consequently, demonstrating esteem for, regard for, and fidelity to authority figures such as parents and elders is a highly valued virtue and considered an act of respect not only toward the authority figure him/herself, but toward the “institution” s/he represent (i.e., the household). Therefore, it stands to reason that Latino Americans may generalize their sense of loyalty, duty, and constraint towards other authority figures and institutions, such as clergy and the church, that play significant family type roles in their lives. Since for many Latino Americans the church is viewed as an extended family, it is conceivable that calling into question her doctrines, teachings, and the veracity of her clergy’s statements is not only perceived as disrespectful, disloyal, and anti-familial, but sinful as well. Consequently, the deleterious effects accompanied with greater degrees of belief in the doctrine of original sin may have more direct effects on Latino American parishioners than others.

To answer Question 13, results suggest that *the regression of depression on original sin varies as a function of perceived parental rejection*. Further, post hoc analyses reveal that degree of belief in original sin deleteriously affects parishioners with low levels of perceived parental rejection. These findings are in line with the general premise expounded throughout this study that greater belief in the theological doctrine of original sin fosters psychological difficulties via a diminished sense of self (see Ellis,

1960a, b, 1976, 1980, 1992, 2000; Branden, 1994; Schechterle, 1999; Strozier, 1994; Watters, 1992). The fact that parishioners with high perceptions of parental rejection experienced decreased depressive symptomatology with increasing degree of belief in original sin may be due to a view of human nature that is ego syntonic. In other words, the presence of parental rejection allows for the parishioner to employ an external attribution style to account for his/her unpleasant familial experience(s), thus mitigating possible depression. Therefore, for parishioners who perceived their parents as more rejecting the doctrine of original sin may function as a meaning-making system that helps explain unhealthy, painful parental behavior. Consequently the parishioner may reason, “Mom and dad were overly harsh, angry, and critical of me, not because they did not love me, but because they are broken sinners who did not know any better.” This scenario is all the more likely considering that when degree of belief in original sin is removed from the regression equation depressive symptoms increase with greater levels of perceived parental rejection; a result consistent with the research literature (Margaro & Wersz, 2006; Whitbeck, Hoyt, Simons, Logner, Elder, Lorenz, & Huck, 1992; Zenmore & Rinholm, 1989). However, for parishioners whose rearing environment was not harsher, angrier and/or more critical than the average person’s, the psychological effects of greater degrees of belief in the ineptness of human nature are experienced by the self more directly. Under such circumstances the parishioner’s attribution style may become internal fostering self-derogatory statements. It stands to reason that such self-attributions may facilitate depression. This corresponds to research that suggests parishioners with a belief in original sin self-judge and self-punish more than others (Sexton & Maddock, 1984). Research by Schaap-Jonker and colleagues (2002) as well

as Eurelings-Bontekoe et al. (2005) is also suggestive of the notion that theological doctrines that foster or facilitate self-reproach may create or exacerbate current psychiatric symptoms. Finally, “With increased devotion and commitment to a religious system, people are likely to find more and more areas of their lives that are imperfect,” says Exline (2002). “Depending on how such failures are attributed, they might prompt negative outcomes such as self-condemnation, hopelessness...” (Ibid., p. 188) and depression.

It was also queried whether the possible relationship between religious fundamentalism and depression was moderated (Question 10). In fact, results suggest that *the regression of depression on religious fundamentalism varies as a function of the parishioner’s non-accepting God representation*. Therefore, greater religious fundamentalism is more detrimental to the mental health of parishioners whose God-representation is imbued with greater undertones of non-acceptance. That non-accepting God-representations moderate the relationship between fundamentalist beliefs and depression is not surprising given previous research which suggests that feeling alienated from God is a strong predictor of depression (Exline, 2002; Exline et al., 2000). Such research suggests that negative self-appraisals play an important role in these feelings of estrangement. The current findings, however, deepen our understanding of how these feelings of disunion may operate.

The acceptance subscale of the GIS is a measure of rudimentary goodness (Lawrence, 1997). As such, it answers two basic yet related questions: “Am I *good enough* to be loved;” “Am I *good enough* for God to love?” Research shows that children whose primary caregivers are neglectful, inconsistent, untrustworthy, as well as

verbally, physically, and sexually abusive tend to possess non-accepting God-representations in later life (Balthazar, 2007; Goodman & Manierre, 2008; Reinert & Edwards, 2009). Sound psychological theory allows us to reason that the parent-child relationship, which anchors and informs all other relationships in life, teaches such children that they are “not good enough” to receive the most essential, life-validating and human inclusive affect of all, love. In turn, the child develops a primitive intrapsychic God-representation that either corresponds to their wounded experience of the primary objects or creates a compensated representation of the divine in an attempt to rectify the parental objects’ shortcomings (Granqvist & Kirkpatrick, 2008). In either case, the child turned parishioner is likely to be left with nagging adverse self-attributions regarding issues of primitive goodness and acceptance. Consequently, the perfectionistic nature of higher levels of religious fundamentalist demands appears to exacerbate depressive symptomatology for those parishioners whom already feel that God’s acceptance is conditional.

Findings also suggest that *as parishioners increasingly feel that God does not empower them they experience less shame* (Hypothesis 15). At first glance these results may appear to be counterintuitive. However, a closer look shows that they are consistent with the theory undergirding psycho-spiritual abuse. The challenge subscale of the GIS measures perceived empowerment (Lawrence, 1997). The latent question it answers is, “Does God want me to grow?” In order for us to make better sense of what this signifies, the parishioner’s private God must be thought of as serving as either a *secure haven* or a *secure base* (Bowlby, 1969). Borrowing language from attachment theory, the question of growth refers to the parishioner’s use, or lack thereof, of his/her God-representation as



an internal resource that: (1) empowers the believer to venture out and interact with the world (i.e., secure base); or (2) does the parishioner feel unsafe in engaging the world and therefore prefers to retreat into the comfort and solace of his/her private God (i.e., safe haven). These results suggest that parishioners whose God-representation functions more so as a safe haven than a secure base experience less shame.

Parishioner's for whom their God-representation serves as a safe haven believe that thinking too much may endanger their faith, that God does not place a high premium on human achievements, and that a close relationship with God and being active in the world are incongruous (Lawrence, 1997). While the following comments were previously made by this researcher in the CCA's discussion regarding hypotheses 3 and 6, he believes them to be equally relevant here. Research suggests that parishioners who engage society in a limited fashion usually hold more religious fundamentalist beliefs (Altmeyer & Hunsberger, 2004) and as mentioned earlier this sample holds more fundamentalist views than average. In addition, religious fundamentalists have also been found not to value freedom of scientific inquiry, tolerance, and newspaper reading—activities that require significant engagement with ideas that may be diametrically opposed to their religious values (Rigney & Hoffman, 1993). Poland's findings that Church of Christ parishioners, a denomination that is typically more conservative than mainline churches, score significantly higher on other-directed shoulds and tough-mindedness than Church of Religious Science attendees, echo these sentiments of rigidity and close-mindedness among the religious conservative. Hence, it is conceivable that such parishioners experience less shame due to the fact that shameful affect requires that a person feel seen and/or exposed before others (Pattison, 2000). Therefore, the more

parishioners retreat into their insular church worlds they limit the situations in which they may experience shame. While symptom reduction is usually encouraging, this does not seem to be the case here. What these results suggest is that God-representations that mainly serve as a safe haven represent a personal God who does not furnish the parishioner with sufficient internal resources to engage the world in a healthier manner. Additionally, they also suggest that parishioners who hold such non-empowering God-representations may belong to religiously rigid faith communities that restrict psychological growth.

Although this reality may provide comfort, solace, and happiness, it may also lock the believer in and prevent effective living. To decide whether it does, we must assess the effects of this reality on the individual's life; we must consider not only whether it is *experienced* [emphasis in original] as liberating or enslaving but also whether it *functions* [emphasis in original] to liberate or to enslave (Batson, Schoenrade, & Ventis, 1993, p. 198).

In order to better understand the nature of self-forgiveness within this sample (Hypotheses 16-18), a post hoc moderated multiple regression was conducted taking into account parishioner held religious beliefs of original sin, right religion, and God-representations as well as perceived parental rearing practices on self-forgiveness. These predictor variables along with interaction terms, products of OSS and RRFS with demographic variables, were entered into a stepwise multiple regression in SPSS Graduate Pack 16.0 for Mac; stepwise multiple regression was employed because of the exploratory nature of the analysis. Results revealed an overall model that accounted for 18% of the variance,  $F(4, 227) = 12.29, p < .001$ . The adjusted  $R^2$ , compensating for the

positive bias in  $R^2$ , was .164 reflecting a relatively moderate strength of relationship. The standard error of the estimate was 7.63. Table 3 contains a summary of the regression analysis.

Table 6  
*Summary of Coefficients the Self-Forgiveness Model*

Self-Forgiveness				
(n = 234)				
Variable	B	SE B	$\beta$	$R^2$
GIS Acce	-0.55	0.11	-0.3	.18**
OSS	-0.14	0.04	-0.22	
45-64	-2.75	1.02	-0.17	
s-EMBU Rej	-0.14	0.07	-0.13	

*Note.* OSS = Original Sin Scale; GIS Acce = God Image Scale Acceptance Subscale; s-EMBU Rej = Rejection Subscale of s-EMBU

\*\*  $p < .01$

God image Accepting, degree of belief in original sin, perceived parental rearing Rejecting, and 45-64 were significant negative predictors of self-forgiveness.

These results are sensible given theory and prior research. Ross and colleagues (2004) assert that persons who view themselves as blemished and unworthy of acceptance have more difficulty self-forgiving. Given that (1) the doctrine of original sin requires proponents to accept the ineptness of the self as an ontological certainty; and (2) that a parishioner's God-representation is informed by parental surrogates, such as the institutional church, throughout development it is conceivable that greater degrees of belief in original sin as well as more non-accepting God-representations may foster an intropunitve style (Mauger et al., 1992).

Research by Tangney et al. (2005), which suggests that intrapersonal forgiveness is highly associated with perfectionism and shame, may provide some aid in understanding why parishioners between the ages of 45 and 64 on average were less self-

forgiving than younger parishioners. A review of Tables 3 and 5 indicate that this age group predicted scrupulosity and shame respectively. While these findings are discussed later in the chapter, this author speculates that one plausible explanation for these relationships is that in regards to psycho-spiritual abuse they may require longer incubation before they register on clinical measures. Therefore, this may also be the case with self-forgiveness. In other words, prolonged exposure to derogatory self-statements via orthodox doctrines such as original sin may play a crucial role in inhibiting self-forgiveness. Research by Ingersoll-Dayton and Krause (2005) among religious elderly that suggests that belief in God's forgiveness does not necessarily translate into self-forgiveness may be a result of this phenomenon. Finally, while no current research is available in the area of self-forgiveness regarding the effects of parental rearing on intrapersonal forgiveness, it is not difficult to imagine that a parenting style which is perceived as overly harsh, angry, and and/or critical (i.e., rejecting) may not be conducive to self-forgiving actions and beliefs. Therefore, while these results are consistent with research by Tangney and colleagues' (2005) assertion that self-forgiveness is not associated with any particular religious faith, it does provide a more nuanced and comprehensive portrait of the role religious beliefs and familial upbringing play in intrapersonal forgiveness. Hence, it stands to reason that parishioners with low degrees of belief in original sin, more accepting God-representations, who are younger age, and who have experienced minimal levels of parental rejection are more self-forgiving and therefore may experience less scrupulosity, depression, and shame.

Questions 6-8 inquire about the possible relationships between demographic variables and scrupulosity (Question 6), depression (Question 7), and shame (Question 8)

respectively. Results suggest that on average, *parishioners ages 45 to 64 reported more shame and scrupulosity than their younger counterparts* (Questions 6 and 8). While there is no clear explanation for the presence of these results, one plausible explanation is that in regards to psycho-spiritual abuse shame and scrupulosity may require longer incubation periods before producing clinical symptoms. Therefore, these data may be telling the following story: parishioners between the ages of 45 and 64 may have belonged to their religious faith communities substantially longer than those younger. Consequently, such parishioners may have been exposed to religious beliefs that adversely affect mental health over a longer period of time, but it has taken this substantial period of time to measure these effects.

Second, on average, *parishioners with at least one psychiatric diagnosis report less depressive symptomatology than parishioners without psychiatric diagnoses* (Question 7). Again, there is no clear-cut explanation for this finding. However, it may be that medication, psychotherapy, or a combination are responsible for curbing depressive symptoms among these parishioners. On the other hand, it is also conceivable that within this sample there exist a substantial number of parishioners who meet the criteria for depressive disorder yet have not been diagnosed for a variety of reasons; one being that they have not sought treatment. This finding alerts us to the possibility that religious persons may underutilize mental health services due to religious prohibitions and conflict with religious values. Indeed, these results may be indicative of Malony's (1998) findings that persons who ascribe to fundamentalist and evangelical systems of religious belief look upon the mental health field with skepticism and wariness; such wariness may also extend to pastoral counselors out of fear that the "psychotherapeutic

gospel” will eclipse the individual’s religious values (Watts, 2002). It is important to realize that in large part, the animosity that exists between psychology and religion concerns a conflict in values. Such conflicts include God-centeredness vs. self-involvement, responsibility for committed sins vs. exploration and explanation of transgressions, and the debate over self-esteem “with psychologists generally valuing it as a force for good adjustment, but some Christians being wary of it as promoting too much self-centeredness, or disguising the need for God” (Watts, 2002, p. 5; also see Bergin, 1980, 1992).

Another finding of significant interest refers to the fact that *on average, women parishioners reported significantly more shame than males* (Question 8). Such a result is consistent with centuries of Christian doctrine and popular teaching regarding women’s role in the moral perdition of the human race. Beginning with rabbinical exegesis women, sex, and original sin have been inextricably bound together. The popular teaching has been: sex engendered original sin and women are to blame (Noddings, 1989; Pagels, 1988; Tennant, 1903). Heise and Steitz (1991) assert that more conservative Christian faiths have a demonstrable history of employing the myth of Adam and Eve to cast women as second-class citizens. Moreover, Scripture passages equating women with impurity and sin abound. Given that biblical inerrancy is a pillar of most Christian faiths (Cox, 2009; Hood et al., 2005; Pagels, 1988) it would not be unusual for women in more conservative circles to be expected to follow biblical imperatives of keeping silent in church and learning in full submission from their husbands (1 Timothy 2:11-15). In some Christian faith traditions, such as Catholicism, women are unable to serve as priests and are told that the example, par excellence, of a virtuous woman is that of the Virgin

Mary—meek and sexless. Research suggests that rearing in such conservative communities and failure to measure up to such standards may be quite shame provoking leading to considerable clinical distress (Allport, 1950; H. B. Lewis, 1987; Johnson & Hayes, 2003).

Finally, results suggest that *on average, male parishioners report more obsessions and fears regarding sin and God's punishment than women parishioners* (Questions 6). Once more, this finding is enigmatic given that the prevalence rate for men and OCD is half of that of women, though some research indicates that men and women equally seek treatment for the disorder (Ciarrocchi, 1995). Additional research is required to explore possible reasons for this result.

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## **VITA**

Daniel Garcia was born in San Antonio, Texas on March 26, 1977, the son of Ruth Catalina Garcia and Fructuoso Rivas Garcia. After completing his work at Thomas A. Edison High School, San Antonio, Texas, in 1995, he entered the University of The Incarnate Word in San Antonio, Texas in 2001. He received his degree of Bachelor of Arts in Psychology and Religious Studies from The University of The Incarnate Word in August, 2004. He then began graduate studies at Harvard University and received his degree of Master of Theological Studies from Harvard Divinity School in May 2006. In September, 2006, he entered the Graduate School at The University of Texas at Austin where he earned a Master of Arts degree in Counseling Psychology in May 2009. He is currently a doctoral candidate in Counseling Psychology in the Graduate School at The University of Texas at Austin.

Permanent Address: 822 W. Lullwood Avenue  
San Antonio, Texas 78212

This report was typed by the author.